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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	З дауз ндо
JAN 2 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
*			

		STATE OF MARYLAND—	CERTIFICATE OF DEATH
	ould state OCCUPA.	1. PLACE OF DEATH	93-4
	of Plant	County Washington	Registration Dist. No. 302
	should of OCC	Village or City Lagerstones	No. 140 M Mulhary St., H Ward death occurred in a horpital or institution, give its NAME whead of street and number)
1)	- 0		2.3 ds How long in U.S. if of foreign birth?
	CORD. Every PHYSICIANS ct statement	2. FULL NAME Faiser M Barker	
	D. E SIC tate	(a) Residence: No. 1 4 at M Mulhing	St., 4 Ward.
	ECORD. PHYSI xact stat	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	/ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
Q	RECC PE Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
		demande dankiti OR DIVORCED (wirke the word)	(Month) (Day) (Yeer)
57	A C T L ssifted.	M. If married, widowed, or divorcad HUSBAND of	
DII	IAN A C Issifi	(or) WIFE of Hamand & Barker	22. HEREBY CERTIFY. That I attanded deceased from
BINDI	EX EX cla	6. DATE OF BIRTH (month, day, and year) afril 26	I last saw h A elive on 10 4 19 1 death is said
		7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at. 6.2.6. P.m.
FOR	IS A F stated properl	45 7 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
0	be s be p of ce	8. Trada, profession, or parlicular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	JANOUX AGALON AND AND AND AND AND AND AND AND AND AN
VE	H	9. Industry or business in which	Catolic attention
ER	K—T hould may back	SAW MILL, BANK, etc.	A
ESER	INI E sl at it	11. Total time (years) this occupation (month and spent in this year) year) occupation 2	<u> </u>
R	NFADING I oplied. AGE erms, so that instructions	7/2 au tours	Other Contributory Causes of importance:
GIN	d. A d. A s, so t	12. BIRTHPLACE (city or town)	The contract of the contract o
RG	UNFA supplied n terms, ee instri	13. NAME 7. Marion Hale	
MAR	Sul sul	14. BIRTHPLACE (city or town) Kashington plan	Nama of operation Pate of
	世代で		What test confirmed diagnosis? Was there an aulopsy?
•	W refu	15. MAIDEN NAME Catherine Eichelhugen 16. BIRTHPLACE (city or town) Wash G. (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accidant, suicide, or homicide?
	Ca TH Port	O 16. BIRTHPLACE (city or town)	Where did injury occur?
	AINLY, Id be can DEATH y import	17. INFORMANT M. H. 4. Barher	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	E PLA should OF D	(Address) Hagustown md	
1	E S S S	18. BURIAL, CREMATION, OR REMANAL Place Hagustown md Date Dic 22, 1934	Menner of injury
	WRITE mation signal CAUSE	1 sey mi - 1 d los	Nature of Injury. 24. Was disease or injury in any way related to occupation of deceased?
.0	TCH	19. UNDERTAKER (Address) Lagustown Md	If so, specify AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
Zi vi	B	20. FILED / Z-20- 19 34 6 Kasff Brevery	(Signed)
>	zi (T).	Registrar.	(Addess) A. M.
		If more blanks are needed address State Registrar	2427 N Charlet Street Baltimare Requesting 71 C No. 2

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and the second s	ą.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92:0)
County Washing Un	Registration Dist. No. 306
Village or City Ringsold	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of lown where deeth occurredyrs,mos	
2. FULL NAME arme S, Bash	edoll
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DAVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Lewis Barkdoll	22. I HEREBY CERTIFY, Thet I attended deceased from 12-26 1934 to 12-25 1936
6. DATE OF BIRTH (month, day, end yeer) Feb-19, 1851	I last saw h
7. AGE Years Months Days If LESS then	to have occurred on the data stated above, at 4@-m.
83 10 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of ones
SAWYER, BOOKKEEPER, etc	Embolina
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occuration (month and	
- I shour in this	
yaar) occupation	Other Cantributary Cames of importance:
12. BIRTHPLACE (city or town) (State or country)	mittal Alemania
13. NAME Coram o Many	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(Stete or country)	What tast confirmed diagnosis Objective so Was there an autopsy?
15. MAIDEN NAME Lake Jooven	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(Stata or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mennar of injury
Place Date Date 1, 194	Nature of Injury
19. UNDERTAKER CANNOT IT MERCES	24. Was disaasa or Injury In any way related to occupation of deceasad?
Was 26 zu last 7	If so, specify (Signad) R.B. Branco M. F.
20. FILED 14.C 10, 19) X Surf Registrar.	(Address) Wayuntoro Va.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example 11	
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SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	12756
1. PLACE OF DEATH .	RAIL
County Parking glost Registration Dist. No.	104
	.,Ward
(If death occurred in a horpital or institution, give its NAME instead of stree Length of residence IA city of town where death occurredyrs mos ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Jukant Barnhart	
(a) Residence: No. St., Ward.	
(Usual place of abode) If nonresident give city or tow	THE RESERVE AND PARTY AND PARTY AND
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX . 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH	H
1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (while the word) 21. DATE OF DEATH (Month) 2 8/34	/ , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of 22. LHEREBY CERTIFY That Latte	-1-1-1
(or) wife of	nded deceased from
	; death is said
7. AGB A Years Months Days If LESS than to have occurred on the date stated ebove, at	
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trada profession or particular	Date of onset
S. Floreston, or particular to the first time (years) S. Floreston, or particular to the first time (years) S. Floreston, or particular time (years)	
10. Oate deceased last worked at this occupetion (month and year) Occupation	
12. BIRTHPLACE (city or town) toucoch, , Other Contributory Causes of importance:	
(State or country)	
13. NAME TOWARD V. 1 FOR WAY 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) Date	of
What tast confirmed diagnosis? Was ther	e an autopsy?
15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the fol Accident, suicide, or homicide? Oate of Injury Oate	lowing:
16. BIRTHPLACE (city or town) Oate of Injury	, 19
(State or country) Where did Injury occur? (Specify city or town, county are	d State)
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL (Address)	C PLACE.
18. BURIAL, CREMATION, OP REMOVAL Manner of Injury	
Place A Land Section Date 4 Land 1924 Neture of injury	
19. UNDERTAKER Howard 1 1. Daniel 24. Was disease or Injury in any way related to occupation of decease	d? NO
(Address) Han Cock and If so, specify	
20. FILED 1/7 7 19 9 9 Louking (Signed) 1 1 5 5 Cas.	M. D.
Registrar. (Address)	

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JAN 7, 1625			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN

BINDIN

RESERVED

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(Address)

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance:	J	Other contributory causes of importance:	
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JAN 7 1935			
Other contributory causes of importance:	10	Other contributory causes of importance:	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The second of th			144
• 1	i		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

For authorisation	L SPACE FOR FURTHER STATEMENTS B	Y PHYSICIAN
cert. 1/12/34)		i de la companya del companya de la companya del companya de la co
. / 0		

V. S. No. 1

STATE O	F MARYL	AND-CERTIFICATE	OF	DEAT
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12760

1. PLACE C				(56)		
County	Washington		WITHIN CORFO	RATE LIMITS OF Registration Dist. No.	302	
	City Hagers		Md.	No. 669 Forest Drive St.	5 Ward	
Length of re	sidence in city or town where	deeth occurred	20 yrs. mos	death occurred in a hospital or institution, give its NAME instead of street asds. How long in U.S. if of foreign birth?yrs	nd number) _mosds.	
2. FULL NA	ME Mary B	urns				
(a) Reside	nce: No. 669 Fo	rest D	rive e of abode)	St., S Ward. If nonresident give city or town a	and State	
PERSO	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	1	
3. SEX Fema.le	4. COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word) OWed	21. DATE OF DEATH December 10,	, 193 4 e	
5e. If merried, wido HUSBANO of (or) WIFE of	wed, or divorced	rns		22. I HEREBY CERTIFY That I attend		
6 DATE OF DIDTU	(month, day, and yeer)		1874	1 last sew has alive on 1934 to Dac 1	death is seid	
	ears Months	0eys	If LESS than 1 dey,hrs. ormin.	to heve occurred on the date stated above, et. 2.3 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance		
8. Trade, prof	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc		1 0122222	achlasticular Rhen -	- Oate of onset	
9. Industry or	business In which			malism	218	
10. Oete decea	as done, es SILK MILL, ILL, BANK, etcsed last worked at upetion (month and	Sp:	ork time (years) ent in this cupetion		34	
12. BIRTHPLACE ((Stete or co	city or town)Unkno			Other Contributary Causes of Importence: Acute Myo Cardins	2_	
	seph Jackso			110000 11000 00000000000000000000000000	de	
14. BIRTHPLAC	CE (city or town)	Jnknown		Neme of operation Dete of	f	
(State)	or country)			Whet test confirmed diegnosis? Was there a	n eutopsy?	
15. MAIDEN N	E (city or town)	shingto Inknown	n	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, sulcide, or homicide?		
∑ (State	or country)	Va,		Where did injury occur?		
(Address)	Robert Bur Hagerstown	Md.		(Specify city or town, county and Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC	State) PLACE.	
18. BURIAL, CREMA	ation, or removal Rogerstown, M	se Hill d.Dete Dec	. 14 , 19 34	Menner of Injury		
19. UNOERTAKER _ (Address)	Fred W. K		, ,	24. Wes disease or injury In eny wey releted to occupation of deceesed? If so, specify	no	
20. FILEO/ 2/	14/ ,1934	bher	Registrar.	(Signed) UB Wylson (Address) 2-43 n-Jana	M. 0.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	1	Example I
d causes Date of o	pal cause of death and related causes cause follows:	ate of onset	The principal cause of death and related causes of importance were as follows:
1 week	Clepsy	1915	Arteriosclerosis
1 week	street car	1921	Chronic interstitial nephritis
3 days		uly 5,1927	Cerebral hemorrhage
a •	ibutory causes of importance:		Other contributory causes of importance:
1 yea	is	1 ay 1,1923	Gallstones
		lay 1,1923	

REORIGINA SPACE FOR FURTHER STATEMENTS BY	Y PHYSICIAN
DEC \$6 163#	
BUALAU V. S.	

BINDING

RESERVED

MARGIN

2. FULL NAME 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Male White 5a. If marriad, widowed, or divorced HUSBANO of Single (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 dayhrs. 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, Student SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc 10_Data decaased last worked at 11. Total time (yaars) this occupation (month and spent in this occupation ... Roanoke. 12. BIRTHPLACE (city or town) Va. (Stata or country) Bush. James H. FATHER 13 NAME Roanoke County. 14, BIRTHPLACE (city or town). (State or country) Ethel Caldwell. MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Roanoke County. Accidant, sulcide, or homicida? 16. BIRTHPLACE (city or town (State or country) Where did Injury occur?... James H. Bush. Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT .. Hagerstown. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Place Troutville, Va. Date Dec. 16, Fred W. Kraiss. 19. UNOFRTAKER Hagerstown -(Addiass)

Name of operation.... What tast confirmed diagnosis?.

(Oay)

Date of Injury 19

(Specify city or town, county and State)

I HEREBY CERTIFY. That I attended decaesed from

Nature of injury 24. Was disaase or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUDEAU V. g				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

130 Telans

1 4 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 19769
infor- state UPA-	1. PLACE OF DEATH	The state of the s
	county bashin glove	Registration Dist. No. 204
item of should of OCC	Village or City Itantock	No. St. Ward
	(If	death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs	ds. How long in U.S. it of foreign birth? yrs. mos. ds.
	2. FULL NAME VILLE GARAGE COME CONTROL	Suite (CHAZISZZ)
RD. YSIG	(a) Residence: No. (Usualplace of abode)	If nonresident give eity or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	CR DIVORCED (*Greethe word)	(Month) (Day) (Year)
0 87. 7	5a. If married, widowad, or divorced	
BINDIN PERMANH EXACT y classifie	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That Vattended daceasad from
	10.15134	last saw h alive on 19 death is said
BB BB FE	6. DATE OF BIRTH (month, day, and year) 2 7 7 7 7 7 7 7 7 7 7 AGE Years Months 7 Days 1 If LESS than	to have occurred on the date stated ebova, et
FOR BI IS A PE stated E properly certificate	1 day,hrs.	The PRINCIPAL CAUSE OF REATH and retated causes of imprance
F(IS sta sta pro	8. Trade, protassion, or particular.	werd as follows: Your Stown following Date of onset
VED THIS Id be ty be ck of c	Name of trades profession, or particular, which do work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Proposed Spirate.
K-T lould may back	9. Industry or businass in which work was dona, as StLK MILL,	17100000
	9. Industry or businass in which work was dona, as StLK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and specific property).	
RESH G INI AGE SI that it	O this occupation (month and spent in this year)	
7 4 - 9	1 0 01	Other Contributory Causes of importanca:
MARGIN I UNFADIN supplied. A n terms, so the instruction	12. BIRTHPLACE (city or town) tare of Ma. (State or opyntry)	
ARGI NFAJ pplied. erms, instru	13. NAMELONAS V. Carlisle	
D in to	13. NAME (chas by, Carly le 14. BIRTHPLACE (city or town).	Nama of operation
-~ (n)		What test confirmed diagnosis? Was there an autopsy?
X, WITU carefully CII in pla	15. MAIDEN NAMPLENEUVE Douders	23. If death was due to external causes (VIOL ENCE) filt In also tha following:
INLY, WI be careful EATH in pimportant.	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
	(State Country)	Where did injury occur? (Specify city or town, county and State)
AINI Id be DEA'	17. INFORMANT Charles W. Harling	Specity whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
3 PLA should OF D	(Address) 18. BURIAL, CREMATION, OR REMOVAL	
	Place faucocke Med. Date 14/8 1834	Mannar of injury
-WRITE mation s CAUSE TION is	48 Jan 10	Nature of injury
I E O H	19. UNDERTAKER (Addrass)	24. Was disease or Injury in any way related to occupation of daceased?
V. S. No.	12/8/10000 311 1000	(Signad) . It is Tran. O 11 M.
sz(T)	20, Filed 7, 194 Afficiation Registrar.	(Addrass) Jancoch, Ma.
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
THE V. E			
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroentcritis	1 year

V. S. No. 1

20. FILED Dec. 7, 1934 6 6 8

1. PLACE OF DEATH County Washungton	OF MARYLAND—	No. f death occurred in a hospital or institution	Registration	Dist. No.	12763 0/
Length of residence in city or town where	daath occurred	sds. How long in U.S. if of	foreign birth?	yrs	et and number)
2. FULL NAME Floren	ce May Cole				
(a) Residence: NoSame-a	S8 Osual blace of abode)	St.,Ward.	If nonresiden	it give city or tow	n and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CE	RTIFICAT	E OF DEAT	ГН
female 4. color or RACE white	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH		6, 193	34
5a. If marriad, widowed, or divorcad		THE RESERVE OF THE PARTY OF THE	(Month)	(Day)	(Year)
6. OATE OF BIRTH (month, day, end year) NO 7. AGE Years Months	V 7, 1926	I HEREBY I last saw h aliva on to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH	937-, to 9	J., 19	5.4., death is said
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years)	were as follows:			Oats of onset
12. BIRTHPLACE (city or town) [3] 1. (State or country)	ng-Waters-WVa-	Other Contributory Causes of import	ance:		11/12/34
13. NAME Lewie Hensel 14. BIRTHPLACE (city or town) Ber (State or country)				Data	
15. MAIDEN NAME Mary Moa	+ 0	What test confirmed diegnosis?			
16. BIRTHPLACE (city or town). Tilg (Stata or country) 17. INFORMANT Lewie H. Co. (Address) Williamspo 18. BURIAL, CREMATION, OR REMOVAL Plactia TMONY W. Va	hmanton Md	23. If death was due to external cause Accident, suicide, or homicide? Where did injury occur? Spacify whether injury occurred in i	(Specify city of	Data of injury	, 19
Albert Lea: 19. UNOERTAKER Williams	oort	24. Was diseasa or injury in any way	related to occup	pation of deceases	di Mo.

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAYU 1949			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	1 4 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
	infor- state UPA-	1. PLACE OF DEATH	(23)	276
		County Wasternaton	Registration Dist. No. 30 2	
	E e	Village or City Hassistown Mi		Ward
	= 0	(If Length of residence in city or town where death occurred 21 yrs. 2 mos.	death occurred in a hospitator institution, give its NAME instead of street and number death.	
	AN'A	71 0 11 6		
	ECORD. Every PHYSICIANS tact statement	2. FULL NAME VI A GUELLA C	St. Ward.	
	RD IYS sta	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and Stat	te
	ECO PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	K K	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	(Year)
	IANEN' A C T L sssified.	Aa. If married, widowed, or divorced HUSBAND of (or) WiFE of	22. I HEREBY CERTIFY, That I attended dece	eased from
Z	EX / EX / y cla	6. DATE OF BIRTH (month, day, and year) May 16 1913	I last saw her alive on D & P 193 4 de	eath is said
	C. — -	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.2.64.m.	
FOR	Stated proper	2/1 9 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows.	ate of onset
_	S II	8. Trade, profession, or particular kind of work done, as SPINNER, Student Williams	Pulmoney Jubaculow &	kag
EI	HIS I be y be k of	F S		142
RV	KK—T should it may n back	9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (month and this occupation (month and this occupation).		()
RESERVED	Sh it sh			
RE		year) occupation occupation	Other Contributory Causes ot importance:	
Z	NFADING pplied. AGl rrms, so tha instructions	12. BIRTHPLACE (city or town)		
ARGIN	FAI ied. ms, stru	(State or country)		
AF	UNFA supplied n terms, ee instru	H 13. NAME Samuel N Count	Nows of according	
M	H U sul ain t	14. BIRTHPLACE (city or town)	Name of operation	nsv?
	WITH UNFA efully supplied in plain terms, ant. See instru	H 15. MAIDEN NAME SULLEY	23. If death was due to externat causes (VIOLENCE) fill in also the following:	
	. 🛏	16. BIRTHPLACE (city or town) Sufers Country)	Accident, suicide, or homicide? Date ot injury	_, 19
0	INLY, be ca EATH import	S (State or country)	Where did injury occur? (Specify city or town, county and State)	
	PICA	17. INFORMANT Saul Courad (Address) 718 76 over + 1111	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
G	shou E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
4		Place I Vag En Maries Date		
H	-WRID mation CAUS TION	19. UNDERTAKER Substitutions	Et. Has disease of injury in any way fellows to occupation of decessor.	0
No	B	(Address) Meerstown Disd.	If se, specity (Signed)	, ga a
> 03	z (T)	20. FILED / 2-21, 19. The Massilla ower Registrar.	(Address) . A a local way	2

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Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
AUDIM V. S.		The state of the s	
Other contributory causes of importance:	12	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH			(Ten)
County Washington.			302
WITHIN COMPONATE	LIMITS OF		Registration Dist. No.
Village or City Hagersto	wn.		No. 441 Mechanic St., Sward f death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where deal	h occurred	yrsmos	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Still born	chile	l of Geor	ge Cooper.
(a) Residence: No. 441 Mecha		treet	St., S Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Fenale 4. COLOR OR RACE 5.	SINGLE, MAI OR DIVORCE Sina	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH December 29, 193 4.
5a. If married, widowad, or divorced HUSBAND of	DIII	10	(Month) (Day) (Year)
(or) WIFE of			1 HEREBY CERTIFY. That I attended daceased from
THE CONTRACT OF THE PARTY OF TH	7	2074	19 7, 10 486 . 2 7 1984
6. DATE OF BIRTH (month, day, and year) Dece 7. AGE Years Months	mber 2	1934.	I last saw head alive on Dec. 2 , 19 34; deeth is said to heve occurred on the dete steted above, at 7:30 Am.
Still born	Days	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance
8. Treda, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Date of one of
SAWYER, BOOKKEEPER, etc.	nfant.		premoture
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc			6 month
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	spe	time (yeers) entin this upation	
12. BIRTHPLACE (city or town) Hagers (State or country)	town		Other Contributary Causes of importanca:
	er		
13. NAME George Coop 14. BIRTHPLACE (city or town) Page			
(Stete or country) W Vi	reinia		Name of operation
			Whet test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Gladys Vi			23. If death wes due to externel causas (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
State or country)	LOWII		Whare did injury occur?
17. INFORMANT George Cooper (Address) Hagerstown,	wa		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	ALL C		Menner of injury
PlaceHagerstown, Md.	Dete Dec.	29,,1193	Nature of injury
19. UNDERTAKER Fred W. Kra. (Address) Hagerstown	iss,		24. Was disease or injury in any way related to occupation of deceased? Los
20. FILED /2-29-1934 Cha	4/1/20	wers	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephrilis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN 7 1685				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. TH UNFADING INK-THIS IS A PERMANEN properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. N. B.-WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

	1. PLACE OI)F	MAR	YLAND-	-CERTIFICATE OF DEATH	60
				a -			(159)	
	Countyy	valsn	ington	ORA'	TH LIMIT	01	Registration Dist. No. 302	
	Village or C	ity	Hagerst	OWI	1 . IVi.(1.	No. 32 Vista St. St. St. St. St. MAME instead of street and humber	_Ward
	Length of resid	dence in	city or town where	death	occurred	yrsmo	sds. How long in U.S. if of foreign birth?yrsmos) ds
1	2. FULL NAI							
	(a) Resident	ce: No.	32 Vi	sta	St.		St., 4 Ward.	
anto	PERSON	A1 A1	1D C= 1=10=		(Usual place		If nonresident give city or town and State	
-	SEX	1	ND STATIST	_			MEDICAL CERTIFICATE OF DEATH	
			OR OR RACE			RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	
50	Female		White		, W	ungel	(Month) (Day) (Y	ear)
30	HUSBAND of (or) WIFE of	ea, or giv	orced ,	and the same	Fa-	W)	22. I HEREBY CERTIFY, That I attended decease	ed from
-	(01) 11112 01		- Charles	1			, 19, to	
6.	DATE OF BIRTH	month, da	ay, and year)	Dec	. 6.	1934.	I last saw h alive on death	
7.	AGE Year	rs	Months		Days	If LESS Wan	to have occurred on the date stated above, atm,	
)	0		0	1 day,min.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:	
z	8. Trade, profes	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc					Premature 6 months	ofonset
음	SAWYER,	BOOKKE	EPER, etc	Nox	1e		gestation.	
OCCUPATION	9. Industry or b	done, as	n which SILK MILL, etc					
S	10. Date decease	d last wo	rked et		11. Total t	ime (years)		
0	this occup	ation (mo	onth end		SD3	nt in this upation		
12	BIRTHPLACE (city		32 V	igt	a St		Other Contributory Causes of Importance:	
12	(State or count		Hage	rst	own,	Md.		
ER	13. NAME	F	rank Co					
FATH	14. BIRTHPLACE						Many of the state	
F	(State or		UWII)				Name of operation	
EB	15. MAIDEN NAM	Æ.	Ernesti	ne	Cocc		What test confirmed diagnosis?	
MOTHER	16 PIPTURI ACE		own) It				23. If deeth was due to external causes (VIOL ENCE) fill in also the following:	
×	(Stete or		own)	التحاربي			Accident, suicide, or homicide?	
	7- 2 2						(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
17	. INFORMANT (Address)	32	ank Cor Vista	St.	Hager	stown.Md	Openly whether injuly occurred in INDOSTRY, IN HOME, OF IN PUBLIC PLACE.	
18	BURIAL, CREMATI	ON, OR			/	0/1	Manner of Injury	
	Place	74	all the	Da	te	19.34	Nature of injury	
19	UNDERTAKER	21	Mese	le	1)	Lesey!	24. Wes disease or injury in any way related to occupation of deceased?	
	(Address)	140	gen	4	ser	1 miles	If so, specify	
20	FILED / 2 -	8-1	10.341	2/	est	Bour	(Signed) Mr. D. Cambo 22	M. D
20	4		10 F X-			Registrar.	(Address) Hagerstown, Md.	,

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BHIRPAH V. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
DETAIL LOCAL CONTRACTOR OF THE PROPERTY OF THE			

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DE	ATH	I MIMIN	TLAND	S S S S S S S S S S S S S S S S S S S
County	Washing	rton.		Registration Dist. No. 302
	Hagerst			No. 532 Howard St. Z Ward
			(lí	death occurred in a horbital or institution, give its NAME instead of street and number)
	city or town where da			ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME	Charles	J. Cos	t.	
(a) Residence: No.	Camp Hil	ll, Pen	na •	St., Ward.
		(Usual place		If nonresident give city or town and State
	ND STATISTI			MEDICAL CERTIFICATE OF DEATH
	White		RRIED, WIDOWED, ED (write the word) 100	Dec 3rd (Month) (Day) (Year)
5e. If marriad, widowed, or d HUSBAND of (or) WIFE of	ivorced			
(or) WIFE of	Kather	ryn Cos	t	22. I HEREBY CERTIFY. That I attanded daceased from
6. DATE OF BIRTH (month,	Ma.	rch 7	1880	I last saw h Caselive on All 3 1934 death is said
7. AGE Years	Months	Days	If LESS than	I last saw h
54	8	26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or	particular _		ormin.	were as follows:
kind of work dor SAWYER, BOOKK	ie, as SPINNER.	Plummer	•	
4 9. Industry or business	In which			Carcinoma of bladder
work was done, a SAW MILL, BANI				
	vorked at month and	Sp6	time (years) ent in this	
yeer)	Commis and		upation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or tow	n) Cumberi	land Co	unty, Pen	
(Stata or country)	lan Cant			Deondary anemies -
	hn Cost			J
14. BIRTHPLACE (city or		10.		Name of operation Dete of
(Stata or country				What test confirmed diagnosis? Cup to be a Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or	Susan Sh	latink.		23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or		າສ		Accident, suicida, or homicide? Date of Injury, 19
(Stete of County)				Where did injury occur?(Specify city or town, county and State)
	Charles amp Hill			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OF		, 20111100		
Place Camp H	ill, Pa	Date Dec	6 19 34	
773	3 W Tr-		, , , , , , , , , , , , , , , , , , , ,	Nature of Injury
19. UNOERTAKER	red W. Ki Hagersto	raiss.	• 6/	24. Wes disease or injury in any way related to occupation of deceased
20. FILED / 2-4	,19434	Char	Registrar.	(Signad) Holly Legman M.D.
	If more b	lanks are needed,		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVIAND CEDTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

(Yaar)

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributers course of in the	
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

	or- ite	STATE OF MARYLAND—	CERTIFICATE OF DEATH 127	770
3	state UPA-	1. PLACE OF DEATH		
111	ould ould	County Washing Ton WITHIN CO.	REGISTRATE LIMITS OF Registration Dist. No.	95
	item of should of OCC	Village or City HQQLYStown.	No. 444 IT: I chell these,	Ward
	7 CO 20	Length of residence in city or town where deeth occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number of the death of the d	
	CORD. Every PHYSICIANS ict statement	2. FULL NAME Jacuh Day		
	2 4	(a) Residence: No. 444 TT; I chell Av.	2 8t. 5 Ward.	
		(Usual place of abode)	If nonresident give city or town and S	State
<u> </u>	RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH	
D		Tale White. TROYVIED (write the word)	21. DATE OF DEATH Dec (Month) (Day)	193(Year)
Ž	CT L sified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY GERTIFING Thet hattended de	eceased from
BINDI	X A C classifi	Mayriett TT.	June 19. 24 10 Net. 1.	154
BI		6. DATE OF BIRTH (month, day, and year) JUNI 26-1873	(les saw h M alive on Wec 31, 1934;	; death is said
R	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated ebove, at	
FO	IS A stated proper	0 5 2. ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:	Data of onset
Q	HIS be of c	8 Trade, profession, or perticular kind of work done, as SPINNER. The Character SAWYER, BOOKKEPER, etc.		A
VE	HONA	9. Industry or business in which	throng myscarditis	lune
SR	2	SAW MILL, BANK, etc	0	11034
RESERVED	H TO	0 10. Date deceased last worked at this secupation (month end year) 11. Total time (years) spent in this occupation occupation occupation		17.11.
品	NFADING I	100-101-01	Other Contributory Causes of Importence:	1
Z	d. d. so ucti	12. BIRTHPLACE (city or town) V. V. O. O. S. T. C.C. (State or country)	1 meratital	hu 1/
MARGIN	UNFA supplied n terms, ee instr	H 13. NAME July Day	nelmante	1103
MA	H Ur suppling ten	14. BIRTHPLACE (city or town) MD. QdS tock	Neme of operation	/
-	H .= 10	(State of Country)	What test confirmed diagnosis? O Was there an au	tops Vill
	Y, WITH carefully 'H in pla ortant.	15. MAIDEN NAME SCANAL CONTROL OF THE STANDARD SCANAL CONTROL OF THE SCANAL CONTROL OF THE STANDARD SCANAL CONTROL OF THE SCANAL CON	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:	
	INLY, Worker in EATH in I		Accident, suicide, or homicide? Dete of injury	, 19
	De be mp	(State or country)	Where did injury occur? (Specify city or town, county and State)	
	LAID lid b DE. DE.	17. INFORMANT XS. 2000 2000 (Address) A Q Q P X S	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAC	CE.
	Should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	E E E E	Place LUNKS toum. Date Decy, 1934.	Nature of Injury	
	-WRIT mation CAUSE TYON is	19. UNDERTAKER A- K. COLV man	24. Was disease or injury In entray related to occupation of deceased?	ed
S S		(Address) Lagerstown and	If so, specify	
4	L. B	20. FILED 12-8- 134 Chaif Bower	(Signed)	}M. D.
2	Z	Registrar.	(Address) Tay WIWN	<u> </u>
1.1	At ARABIT	If more blanks are needed, address State Registrar, :	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
18 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
100			

BINDING

RESERVED

MARGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4	em of infor-	should state	OCCUPA-	
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	NT RECO	LY. PH	d. Exact	
BINDING	PERMANE	EXACT	ly classified	ite.
ED FOR	HIS IS A	be stated	be proper	of certifica
ESERVI	INK-T	GE should	nat it may	is on back
MARGIN RESERVED FOR BINDING	UNFADING	upplied. A	terms, so tl	TION is very important. See instructions on back of certificate.
• M	Y, WITH 1	arefully su	H in plain	rtant. See
•	PLAINL	should be c	OF DEAT	very impo
V. S. No.	B.—WRITE	mation s	CAUSE	TION is
> >	z		-	5

1.	PLACE O		OF MAR	YLAND—	CERTIFICATE OF DEATH	12773
	County	asuruguon			Registration Dist. No. U	0/
3		y Williams			No. 128 S. Conocheague st st., f death occurred in a hospital or institution, give its NAME instead of street and	A mount and
-11	Length of resi		-	yrsmos	ds. How long in U.S. if of foreign birth?yrs	mosd
2.	FULL NA	ME DOTA Ma	Dukes			
	(a) Residen	ce: No.			St., Ward.	
-	``	ce: No. Same	CS (Ustraliplace	of abode)	If nonresident give eity or town as	nd State
		AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. S	ex female	4. COLOR OR RACE	5. SINGLE, MARI	RIED, WIDOWED,	21. DATE OF DEATH Dec. 5,1934	
_			шатт	rea	(Month) (Day)	(Yaar)
5a. I	If marriad, widow HUSBAND of	ed, or divorced Jesse I	lukes		22. 7 I HEREBY CERTIFY, That I attende	d deserted fro
	(or) WIFE of	00.001			Treme repros to	19
6. D	ATE OF BIRTH	month, day, and year) A	ug. 6,18	69	I last saw in Salive on 19	death is \$a
7. A			Days	If LESS than	to have occurred on the date stated above, at 30 - In.	7
	65	3	29	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
7	8. Trada, profes	ssion, or particular		, or	Twas found dead; toobably heart disease	Data of onse
OCCUPATION	kind of v SAWYER,	vork done, as SPINNER. HC	usework		- Physician Red not examined her for A	
PA	9. Industry or work was	business in which a some, as SILK MILL.	at home		goars Cutto	
00	SAW MIL	L, BANK, atc	1 11 7-1-11			
0	this occu	pation (month and	spen	me (yaars) life		
		- , 1			Other Contributary Causes of Importance:	
12.	BIRTHPLACE (cit (Stata or cour	ty or town) Willian	nsport	Md		
œ			200400			
E		lilliam Land	easter			
F	14. BIRTHPLACE (State or		St. Jam	ee Md	Name of operation Date of.	
2	15. MAIDEN NA	- 2 1 5 1			What test confirmed diagnosis? Was there as	
필			on layeo	4	23. If death was due to external causes (VIOL ENCE) fill in also the following	•
MO		(city or town) Sher	herdsto	wn W. V	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
		esse Dukes			(Specify city or town, county and S	tate)
17.	(Address)	Williams	ort M	d	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC !	PLAUE.
18.		HON, OR REMOVAL			Mannar of injury	
		iamsport Mo	1_Date_Dec	9 ,1934	- Nature of injury	
		Albert Leaf			24. Was disease or injury in any way related to occupation of decassed?	no-
19.	UNDERTAKER (Addrass)	Willian	sport	Md	24. Was disaase or injury to an way related to occupation of decaased?	
	1100	118 01. 1	SIP	- K - 1	(Signed) Leo Swas	e
20.	FILEDOULL	19.1934	1. Or Ap	CALANA.	(Address) With Bort	med.
	-	16	blanks are middle	11 C D	2412 N Charles Street Baltimore Requesting 91 S No.	

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	1 week ago
Run over by street car	
	1 week ago
Peritonitis	3 days ago
·	
Other contributory causes of importance:	
Gastroenteritis	1 year
A.	

r te r	SIAIL OF MARYLAND	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(950) (N + 0) Mail
F 7	County Washenglow	Registration Dist. No. 2017
em of control of	Village or City Hackercle	St. Ward
show of O		death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
3ve IA) me	2, FULL NAME (VAMES EN W	ARD DYCHE.
CORD. Every PHYSICIANS oct statement	(a) Residence: Noorleans X Ronlo	Ws/a · Ward.
IYS	(Usual place of abode)	If nonresident give city or town and State
RECORD: PHYS	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex Ex	3. SEX 4. COLOR R RATE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (agrite the pord)	21. DATE OF DEATH
53.	Male Mulo Seuble	(Month) (Day) (Year)
NG TE	5a. If married, widowed, or divorced	
IDING IANEN ACTI assified.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decessed from
BIND PERMA EXA y class	1.121 191	
Bl PEI FE	6. DATE OF BIRTH (month, dey, and year)	Trast saw illest alive uit.
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
FO IS stat	100 0 or rain.	were as follows:
- 70	Trade, profession, or particular kind of work done, as SPANIA	
ED HIS	kind of work done, as SPANN Clare SAWYER, BODKKEEPER etc. Plus Ed Cale Man. 9. Industry or business in which	es cenquia peacons munu
RV]	work wes done, est SILK MILL, SAW MILL, BANK, etc.	
(+) <u>30 -6</u>	10 10. Date deceased last worked at 11. Total time (years)	
IN IN E S at it	this occupation (month end spent in this occupation	
NEGIN RESTANTION NEADING INPLIES. AGE ETMS, so that instructions	moder @ MM-	Other Contributory Causes of importance:
N D I	12. BIRTHPLACE (city or toyal)	Carousy / assured
ARGIN JNFADI pplied. terms, so instruct		-
	13. NAME 11. BIRTHPLACE (city or town)	0.400.0
M I	4. BIRTHPLACE (city or town)	Name of operation Date of Date
E E E	(State of conbuty	Whet test confirmed diagnosis Westhere an autopsy?
INLY, WI be careful EATH in 1	15. MAIDEN NAME SILVER CO. M. L. M. L. M. L.	death was due to external causes (VIDLENCE) fill in also the following:
		Accident, suicide, or homicide? Date of Injury, 19
NIC AT	E (State or country)	Where did injury occur? (Specify city or town, county and State)
AINLY, id be cal	17. INFORMAN / William D D gcheg.	Specify Abother Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
E PLA Should OF D	(Address) 14 7 Lee 87 Cilenter laws	Tus
E sh	18. BURIAL, CAMATION, OR REMOVAL MINGE Collas.	Manner of injury
N S S S S S S S S S S S S S S S S S S S	Plago yelle Ches Dete 1 2 100	Neture of injury
WRITTE mation s CAUSE TION is	19. UNDERTAKER 26 FEWKILLS	24. Was disease or injury in any way related to occupation of deceased?
O TEOH	(Address) Helico Tico nil	If so, specify
Z M T	man 13/ as wall of A Very Many	(Signed) Als Lubler 1 M. C
× Z	20, FILED Registrar.	(Address) Hanovell, Well
	If more blanks an needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	18N 7: 1955	July 5, 1927	Peritonitis	3 days ago
				8
	BUREAU V. S.			4
Other contributory ca	nuses of importance:	ني	Other contributory causes of importance:	,
Gallstones		May 1,1923	Gastroenteritis	1 year

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. (1-

STATE OF M	ARYLAND-	CERTIFICATI	E OF DEAT
------------	----------	-------------	-----------

4	1 4	1.00	100	20	
1	2	1	1	1)

I. PLACE OF DEATH	(97)
County Washington	Registration Dist. No. 303
Village or City Near Clearspring, Md.	Tour Toolea
	(If death occurred in a hornital or institution sine in NARME : 1 1
	tosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Samuel H. Fernsner	
(a) Residence: No. Near Clearspring, Md. (Usualplace of abode)	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or lown and State
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Male White OR DIVORCED (write the word) Married	21. DATE OF DEATH December 14, 193 4 (Month) (Day) (Yaar)
a. If merried, widowad, or divorced HUSBAND of (or) WIFE of Mary E. Fernsner	22. a I HERZERY CERTIEV That I attended decreased from
	- UEC/02 1934, to 7
. DATE OF BIRTH (month, day, and year) November /7, 1855	I last saw h ica alive on SEC of 1934; death is sale
AGE Yeers Months Days If LESS than	to have occurred on the date stated above, et 8:00A m.
79 0 27 1 day,hi	were as follows:
8. Treda, profassion, or particular kind of work done, as SPINNER, Store Keeper SAWYER, BOOKKEEPER, etc.	Date of onset
SAWYER, BOOKKEEPER, etc. Store Reeper 9. Industry or business in which	Urtario belovosis 19 ma
kind of work done, as SPINNER, Store Keeper SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this precuestion (menth and	
10. Date deceased lest worked et this occupation (month and spent in this	
this occupation (month and spent in this occupation	
2. BIRTHPLACE (city or town) Washington County (State or country) Md.	Other Cantributory Causes of importance:
13. NAME Lewis Fernsner	
13. NAME LeWis Fernsner 14. BIRTHPLACE (city or town) Washington County	Name of assetion
(State or country) Md.	Neme of operation Dete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martha Silver	23. If daeth was due to external causes (VIDLENCE) fill in elso the following:
15. MAIDEN NAME Martha Silver 16. BIRTHPLACE (city or town) Washington County	Accident, suicide, or homicide?
(State or country) Md.	Whare did injury occur?
7. INFORMANT Paul Fernsner	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Hagerstown, Md.	
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Pauls Cemetery Dec. 161934	Nature of Injury
9. UNDERTAKER Adrian H. Rowland	24. Was disease or injury in any wey related to occupation of dacased? 200
(Addrass) Hagerstown, Md.	If so, spacify
0. FILED Dec. 15 1934 J. W. Mur say	(Signed) Mely M.D.
	7/. //

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 7 1635	0.7		
Other contributory causes of importance: V.	•	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH	76
	1. PLACE OF DEATH	(RGO)	
onld	county VI/ashinaron	Registration Dist. No.	
short	Village or City Magers town	No. YYash Co Ylosp: Yal st., 3 death occurred in a hospital or institution, give its NAME instead of atreet and number)	Ward
nt n	Length of residence in cify or fown where death occurredyrs,mos.	Sds. How long in U.S. if of foralgn birth?yrs	ds.
statement	2. FULL NAME F. Tilghman Fi	exy	
stat	(a) Residence: No. Faix vilus (Usual place of abode)	Ward.	
ct	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
Exact	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
	Male White OR DIVORCED (write the word)	(Month) (Day) (Yes	-
assilled	5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of		
	(or) WIFE of - brence	22. I HEREBY CERTIFY, That I attanded deceased Klee. 3-d 1934 to See. G 19	211
	S . 1 0 - 10 42	60 974	34
ate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than		ls said
certifica	() Bays It Less than 1 day,	fo have occurred on the date stated above, atm.	
eri	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	onset
Je C	8. Trada, profession, or particular kind of work dona, as SPINNER, 1—Q V MC.V	Compound depresed from of the	೭ತ
раск	SAWYER, BOOKKEEPER, efc.	There st. lungo paretal region 19:	74
	kind of work dona, as SPINNER, — Q Y MCY SAWYER, BOOKKEEPER, efc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data dacased last worked at	Froling & one of skill it side	
	10. Data dacaased lasf worked at this occupation (month and year)		
		Other Contributory Causes of importanca:	10
4	12. BIRTHPLACE (city or town) 1 4 1 4 1 5 2 4 4 (Stafa or country)	Mungulio Va	sik
	αΙ 9	/ 9	34
		100	
	4. BIRTHPLACE (cify or town) Faix of (State or country)	Name of operation Westernamen Data of Class	,
		What fest confirmed diagnosis? framely was there an autopsy?	40
	I John Street	23. If death was dua to axternal causes (VIOLENCE) fill In also the following:	1100
import	16. BIRTHPLACE (city or fown) - 2 3 Y U : EAU.	Accident, suicide, or homicide? accident Date of Injury Que 3 , 19	
1	(State or country)	Whera did Injury occur? at paleuls barn, new Chan (Specify city or lown, county and State)	prong
	17. INFORMANT MYS Florence Fily	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	-
	(Address) Taly View. Tud	as. plo. barer -	
2	18. BURIAL, CREMATION, OR REMOVAL Piace St. Paulo Cen. L. J. Date 20 11 1934	Manner of Injury T. fell from the bour to Consul	way
TION	Piace Pt Mula Clumburg Dafe PUCO 11 1934	Natura of Injury Cofu polend depended forthe pok	cee
2	19. UNDERTAKER A. W. CULY mair	24. Was disease or injury in any way related to occupation of daceased?	
1	(Addiass) Hayers our, lud	it so, specify It was feeling I	lock
1	20. FILED/2-10- 1934 Blad Horses	(Signed) John Gumball	.M. D.
-	Registrar.	(Address) Hozesslows	
Jr. 0	If more blanks are needed, address State Registrar.	TATT N Charles Street Baltimore Paguetten 71 S No. 2	

MARGIN RESERVED FOR BINDING

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	2771
STATE OF MARYLAND— 1. PLACE OF DEATH County Washington	(%)	
	Pagistration Diet No 3	12
Village of Oils (100 A 100 A 100)	Registration Dist. No.	>
	If death occurred in a hospital or institution, give its NAME instead of street and	Namber)
	ds. How long in U.S. If of foreign birth?yrsr	
Length of residence in city or town where deeth occurred to the second of the second o	1	
a) Residence: No. Calvert anto	St. 2 Ward.	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town an	d State
	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE, OR DIVORCED (Wildows)	21. DATE OF DEATH	
5a. If married, widowed, on diversely	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of GOT WIFE of GOTAL ET THE LOOK	22. I HEREBY CERTIFY. That I attended	d descreed for
A Not to the look	12-1-1977 10 /1-12	- 10
H H 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I last saw here alive on // /2 197	4. death is s
A T T T T T T T T T T T T T T T T T T T	to have occurred on the date steted above, at 9	
0 8 0 4 1	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
Z Trade, profession, or particular	nere es follows.	Date of one
kind of work dona, as SPINNER, Carreller SAWYER, BODKKEEPER, etc	* Xamplique	6/53
9. Industry or business in which work wes doine, as SILK MILL, Author SAW MILL, BANK, etc		1000
SI H H D D D D D D D D D D D D D D D D D	- Trimary cause: Cerebral hemorphase.	
Shauf in fills 1 and openhation (month one) The shauf in fills 1	Carto	
74-0	Dther Centributy, Causes of importance	
2 9 7 12. BIRTHPLACE (city or town) (State or country)	mus setting	100
State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 13. NAME	(Mann Adrive)	1.
	N	mo
	Name of operation Date of	
State or country) Lud (State or country) Lud 15. MAIDEN NAME Elis Shoety stee	What tast confirmed diagnosis? Was there en	
15. MAIDEN NAME 2 15. MAIDEN NAME 2 15. MAIDEN NAME 2 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	-
17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT	Whera did injury occur?	, 19
	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	te)
	- Specify whether mighty occurred in Probability PL	.AUE.
(Address) (Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
F 5 0 Z Place Souch 7 Date 1/0 193		
Place Booushoo Date 10 19. UNDERTAKER Course Sutter & Louis	24. Was disease or injury In any way related to occupation of deceased?	w
o (Address)	If so, specify	
(T) 20. FILED 12-14-1934 Charft Bours	(Signad) White	
Registrar.	(Address) A guesting song	-
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Roquesting V. S. No. 1.	

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Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7.	

2778

OI BENTI
Registration Dist. No. 3 Ward tale St., 3 Ward tution, give its NAME instead of street and number) of foreign birth? yrs. mos. ds.
If oooresident give city or town and State
CERTIFICATE OF DEATH
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ted above, et 1 04 km. M.
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operation Was there an autopsy? 20.
ouses (VIOLENCE) filt in elso the following:, Dete of injury, 19
(Specify city or town, county and State) in INOUSTRY, in HOME, or in PUBLIC PLACE.
wey releted to occupetion of decassed?

Registrar.

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, K., A.			
Other contributory causes of importance:		Other contributory causes of importance:	THE PARTY
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Sales Sales in the Sales Sales and Company			

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FURBALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1. PLACE OF DEATH County Curacing to City Curacing to County Curacing to City Curacing	STATE OF MARYLAND-	-CERTIFICATE OF DEATH
Village or City Described and State Ward Langth of residence in city or town whare dasth occurred 3. yrs	1. PLACE OF DEATH	(48)
Village or City. Langth of residence in city or fown whare dash occurred. A Residence: No. Daraurach Chambater of Annual Ch	County Evashington	Registration Dist. No. 307
Larget of residence in city or town whare dash occurred and and a second and a seco		No. St. War
2. FULL NAME Nature dender the Computer of Andrew (a) Residence: No. Paraure dender of Andrew (Unterlower of Andrew) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	Langth of residence in city or town where death occurred. 3_yrsmo	ds. How long In U.S. if of foreign birth?yrsmosd
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PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED WIDOWD. OR DIVORCED (curric the word) The state of the process of the pro	(a) Residence: No. Bancacielle md	St Ward
3. SEX 4. COLOR OR RACE OR DIVORCED ("wije to be word) OR DIVORCED ("wije to be word) Sa. III naviried, widerend, or divorced (Month) Warranged C. DATE OF BIRTH (Month, day, and year) F. AGE Years Months Days II LESS than 1 day,	(Usual place of abode)	
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8. Trade, profession, or particular Mind of Work Book Reference of Cord Wife of Harman State State of State or country) 8. Trade, profession, or particular Mind of Work Book Reference of Cord Wife of Work Book Reference of Cord Work Book Reference o	OR DIVORCED (write the word)	Delember 2 9 193 4
E. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, his, or min. 8. Trada, profession, or particular kind of work done, as SPINNER, SAWER, BOOKEPER, atc. 10. Date deaceaed last worked at this occupation (month) and a state occupation of the date as as SILK MILL. SAW MILL, BANK, atc. 10. Date deaceaed last worked at this occupation (month) and a state occupation of the date as a solitic worked as this occupation occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Town of the date and analogopy. What test confirmed diagnosis? What death is sall to have a death of the work of		(Month) (Day) (Year)
7. AGE Years Months Days II LESS than to have occurred on the data stated above, at. — m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as 1916/m; Were as 1916/m; Were as 1916/m; Party or business in which work were done, as 251 k Mill. 10. Date deceased last worked at the occupation (month) and the occupation occupation (month) and the occupation (month) and the occupation occupation occupation. 22. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OF REMOULL Date Date 19. LANGER AND OF REMOULL Date Date ADDRESS ADDRESS ADDRESS (Address) 19. 34 Corrolling Resilver. (Address) 20. FILED DIEC 30 th., 19.34 Corrolling Resilver. (Address) ADDRESS (Signed) (Signed) (Signed) (Signed) (Address) (Address) ADDRESS (Address) ADDRESS (Address)	(or) WIFE of Harvey Hoffmaster	22. HEREBY CERTIFY That I attended deceased fro
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as 1980%: S. Trada, profession, or particular	6. DATE OF BIRTH (month, day, and year) Magaster 4- 1900	I last saw h. Q. A aliva on Q. A. A. T. 1934 death is sa
3. Trads, profession, or particular ware as SPINNER, Advisory of the season of the sea	7. AGE Years Months Days If LESS than	
B. Trada, profession, or particular kind of work done, as SPINRE, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, Aury House of the work was done, as SILK MILL, Aury House of the work was done, as SILK MILL, Aury House of the work was done, as SILK MILL, Aury House of the work was done, as SILK MILL, Aury House of the work was done, as SILK MILL, Aury House of the work was done, as SILK MILL, Aury House of the work was done, as SILK MILL, Aury House of the work was done, as SILK MILL, Aury House of the work was done, as SILK MILL, Aury House of the work was done, as SILK MILL, Aury House of the work was done, as SILK MILL, Aury House of the work was done, as SILK MILL, Aury House of the work was done, as SILK MILL, Aury House of the work was done, as SILK MILL, Aury House of the work was done, as SILK MILL, Aury House of the work was done, as SILK MILL, Aury House of the work was done to attend adjagnosis? 15. MAIDEN NAME Guy Town, Jarretts Mills (State or country) Was thera an autopsy? Was there an autopsy? What test confirmed diagnosis? 16. BIRTHPLACE (city or town) Jarretts Mills (State or country) Was there an autopsy? Was there an autopsy? What test confirmed diagnosis? 16. BIRTHPLACE (city or town) Jarretts Mills (State or country) Was there an autopsy? What test confirmed diagnosis? 17. INFORMANT Aury House of Injury Was done to a xternal causes (VIOLENCE) fill in also the following: 18. BURLAL, CREMATION, OR REMOULL Data Decasts, 1934 19. UNDERTAKER Aury Data Decasts, 1934 19. UNDERTAKER Aury Aury House of Injury in any way related to occupation of decased? More of Injury in any way related to occupation of decased? More of Injury in any way related to occupation of decased? More of Injury in any way related to occupation of decased? More of Injury in any way related to occupation of the country in any way related to occupation of the country in any way related to occupation of the country in any way related to occupation of the country in any way related to		The PRINCIPAL CAUSE OF DEATH and related causes of importance
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12. BIRTHPLACE (city or town). Security (Stata or country) (Wash. Co. Md. 13. NAME (State or country) (Wash. Co. Md. 14. BIRTHPLACE (city or town). Solution (State or country) (State or country) (Wash. Co. Md. 15. MAIDEN NAME (State or country) (Wash. Co. Md. 16. BIRTHPLACE (city or town). Sarvatts Mills (State or country) (Wash or country) (Wash. Co. Md. 17. INFORMANT (Address) (Specify city or town, country and State) 18. BURIAL, CREMATION, OR REMOULL Place (State or country) (Data Dec. 3. 1934) 19. UNDERTAKER (Md State or country) (Specify city or town, country and State) 19. UNDERTAKER (Md State or country) (Specify city or town, country and State) 20. FILED Dec. 30 th., 1934 (Somethan or country) (Signed) (Si	9. Industry or business in which work was dona, as SILK MILL,	100000000000000000000000000000000000000
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12. BIRTHPLACE (city of town)	Spent in this	Malieckow
13. NAME	11.10	Othar Contributary Causes of Importance:
13. NAME Calter Song 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOUL Place Place 19. UNDERTAKER (Address) 20. FILED Dec 30th, 19.34 Cornclius M. Castle Date of Injury Resistrar. Name of operation What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Spacify city or town, country and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Address) 16. Spacify Manner of Injury Nature of Injury (Address) 17. INFORMANT (Address) Manner of Injury Nature of Injury (Address) 24. Was disaase or injury in any way related to occupation of deceased? 16. Signed) (Specify city or town, country and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Spacify c	10aut	
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What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur? (Specify city or town, country and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of Injury 19. UNDERTAKER One of the country of	14. BIRTHPLACE (city or town)	Name of operation Data of Data of
Whera did injury occur? [7. INFORMANT Harvey Helfmarte. (Address) [8. BURIAL, CREMATION, OR REMOVAL Data Dec. 36., 19.34 Manner of Injury [9. UNDERTAKER Dec. 30th, 19.34 Cornclus M. Cauthe (Address) [9. FILED Dec. 30th, 19.34 Cornclus M. Cauthe (Specify city or town, county and State) [9. UNDERTAKER Dec. 30th, 19.34 Cornclus M. Cauthe (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) [9. UNDERTAKER Dec. 30th, 19.34 Cornclus M. Cauthe (Signed) (Signed) (Signed) (Signed) (Address) (Ad	7.64	The third and the second secon
Whera did injury occur? [Specify city or town, county and State] [Specify city or town, county and State] [Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. [Address] [Manner of Injury. [Manner of Injury. [Manner of Injury. [Mature of Injury. [Manner of Injury. [Manner of Injury. [Mature of Injury. [Manner of Injury. [Mature of Injury. [Manner of	E The To all	The state of the s
17. INFORMANT Harvey Hoffmarte. Spacify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOUL Data Dec. 36., 1934 Manner of Injury Nature of Injury 19. UNDERTAKER Dec. 30th 1934 Cornelius N. Coatle (Specify city or town, county and State) Spacify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of Injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? No. (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Add		
18. BURIAL, CREMATION, OR REMOVAL Place Province Data Dec 36 1, 1934 Cornclus M. Caddress) 20. FILED Dec 30th, 1934 Cornclus M. Caddress Page 18 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury 24. Was disaase or injury in any way related to occupation of deceased? No. (Signed) (Signed) (Signed) (Address) (Flan DIM	(Specify city or town county and State)
18. BURIAL, CREMATION, OR REMOVAL Place Brownsille Data Dec. 36, 1934 19. UNDERTAKER OF Doors + Long 24. Was disease or injury in any way related to occupation of deceased? No. 20. FILED Dec. 30th, 1934 Cornclius N. Castle Sportly Registrar. (Address) All All All Least M. Manner of Injury (Signed) (Signed) (Address) (Address) (Address) (Address)		Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Brownille Data Dec. 36, 1934 19. UNDERTAKER Ord Start A Sory 19. UNDERTAKER Ord Start A Sory 19. UNDERTAKER Ord Start A Sory 24. Was disaase or injury in any way related to occupation of deceased? No. 16 so, spacify A Sorrelius A Sorre	The court of the c	Manager
19. UNDERTAKER (1) 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	D	
20. FILED Dec 30th, 1934 Cornclius A. Castle (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address)	PANY 3 M. + V. T.	
20. FILED NEC J. G. 1934 Cornelius IT, Castle (Address) PALLA Affled A. A. M. A.		
人(ノンノンマンドナナナノー ロボントド・フリー I-1 4月	20. FILED NEC QUE -, 1934 COMPLIAND /F. Castle	(Signed) Alleanne Shrapp form
		ハ レ ノ モンマーン・ピアミアミアバアブー ペンピーンサバチ・コイバー / - / - / - / - / - / - / - / - / - /

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

PHYSICIANS should state Exact statement of OCCUPA. KECORD. Every item of infor--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENIM mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH /	(3)
County Wash	Registration Dist. No. 302
Village or City Hagenton	No. 1/014, So. It reputal St., 3 Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 3825 Cold Spring Lane	St., Ward. Baltu Md
(Usual face of abods) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DiVORCED (write, the word) Wido We g	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Herry Hofmann	22. /I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Aug 24/865	liast sew here alive on 12/28 1934; death is said
7. AGE Years Months Deys If LESS then	to have occurred on the date steted above, at 220 fm.
69 4 4 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:
8 Trade profession or particular	Cerebral Herenkase Date of freet
kind of work done, as SPINNER, House Wys	(Portura Intrasentaglas)
kind of work done, as SPINNER, House Wift SAWYER, BOOKKEEPER, etc. 9. industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years) all	
10. Date deceased last worked et this occupetion (month and 123/3/4 spant in this year)	
12. BIRTHPLACE (city or town) Baltypis	Other Contributory Caused of Importance:
(State or country) MA	Chemic replanto
13. NAME Melchior Reinhardt	
13. NAME // e/ch for Reinhard f 14. BIRTHPLACE (city or town) (State or country) Sermany	Name of operation Aune What test confirmed diagnosis? Clinical Was there an au'opsy? No
15. MAIDEN NAME Sophia Weidman	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Reling It right so N (Address) 3825 Cold from Lang Bath 141	Where did injury occur?
18. BURIAL, CREMITION OF REMOVAL Place Dalling / Majore / 3/1, 103/4	Manner of Injury
19. UNDERTAKER Johnt Denny	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 12/28/ 134 blaff Bowest	(Signed) M. D.
Registrar. If more blanks are moded, address State Paristran.	(Address) / Own Mary Comment of the American Property of the American P

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH County Washington.		Registration Dist No. 3	7
County Washington. Village or City Hagerstown		Middlehurg Dike	
Village or City		No. St., 4 f death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residence In city or town where deeth occurred	yrs,Z mos	sds. How long in U.S. If of foreign birth?yrsmos	ds
2. FULL NAME Mary E. Holli	nger.		
(a) Residence: No. Shady Grove,	Pa.	St., Ward.	
	ce of abode)	If nonresident give city or town and Sta	le
PERSONAL AND STATISTICAL PAR 3. SEX 4 COLOR OR RACE S. SINCLE M.		MEDICAL CERTIFICATE OF DEATH	
Female White OR Divor	ARRIED, WIOOWED, CED (write the word)	21. DATE OF DEATH (Month) (Oay)	93 (Year)
5a. If marriad, widowed, or divorced HUSBANO of William H. Hollan (or) WiFE of William H.	ger.	22. I HEREBY CERTIFY. Thet I attended dac	eased from
6. DATE OF BIRTH (month, day, and year) Dec 8,	1865.	I last saw how alive on 12-6 195 4. d	anth is said
7. AGE Years Months Days 68 11 29	If LESS than 1 day,hrs.	to have occurred on the data stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	aatti 15 3ait
8. Trade, profassion, or particular kind of work dona, as SPINNER, HOME W. SAWYER, BOOKKEEPER, etc.		wate estudiows.	ata of onset
kind of work dona, as SPINNER, HOME WAYER, BOOKKEEPER, etc 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at 11. Totathis necentarion (month and		Cha Myrachto	g mo.
year) O	I tima (years) pant In this coupation		
12. BIRTHPLACE (city or town) Virginia. (Stata or country)		Other Coatribatory Cases of Importance:	
13. NAME Machine 14. BIRTHPLACE (city or town)	deop		
14. BIRTHPLACE (city or town) Va.	7/-,	Name of operation Oate of What test confirmed diegnosis? Was thera an auto	psy?
15. MAIOEN NAME	tree	23. If death was due to axtarnal causes (VIOLENCE) fill in also tha following:	
16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Va. •		Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT William H. Holling (Addrass) Shady Grove, Pa.	ger	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Shady Grove, Papate De	c 9 _{, 19} 34	Menner of injury	
19. UNDERTAKER Fred W. Kraiss. (Address) Hagerstown Md	•/	24. Was disease or injury in any way related to occupation of daceasad?	v
20. FILED 2-8-, 192 HONG	Registrar.	(Signad). (Address) Activities and	M. D

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BINDING

RESERVED

MARGIN

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s should of OCC	Village or City Hage X Stown	Registration Dist. No. 30 No. Wash Co Hosp Yal, st., 3 death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
ECORD, Every PHYSICIANS cact statement	Langth of residence in city or town whera death occurred yrs mos 2. FULL NAME (5) 2 77 W Se 77 Y (a) Residence: No. 332 VV . Howard (Usual place of abode)	St., Z Ward. If nonresident give city or town and State	
RECC PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
G G ENT R.	3. SEX 1. COLOR OR RACE 1. OR DIVORCED (write the word) 5. If merriad, widowed, or divorced	21. DATE OF DEATH (Month) (Day) , 193	(Year)
ARGIN RESERVED FOR BIND: INFADING INK—THIS IS A PERMA pplied. AGE should be stated EXA erms, so that it may be properly class instructions on back of certificate.	HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 1 dey, hrs. or min. 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, es SILK MILL AND SAW MILL, BANK, etc 10. Data deceesed last worked et this occupation (month and yeer) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME REPORT OF BIRTH (month, day, and year) 14. BIRTHPLACE (city or town) YOUNG 15. DATE OF BIRTH (month, day, and year) 16. DATE OF BIRTH (month, day, and year) 17. AGE YOUNG 18. Trade, profession, or particular kind of years in this occupation (month) SAW MILL, BANK, etc 10. Data deceesed last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) YOUNG 13. NAME 14. BIRTHPLACE (city or town)	to have occurred on the data stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Dat Aplantic anaemic Other Contributory Causes of importance:	psed from 19 3 4 pth is said to of onset 120/3
· · · · · · · · · · · · · · · · · · ·	14. BIRTHPLACE (city or town) 12 Yours wille	Name of oparetion Dete of	
E PLAINLY, WIT should be carefully OF DEATH in pits very important.	15. MAIDEN NAME Noice TTullendore 16. BIRTHPLACE (city or town)	What tast confirmed diegnosis?	
N. B.—WRIT mation CAUSE	19. UNDERTAKER A KOOV WAR AND WEST OF THE DOWN TO THE PROPERTY OF THE PROPERTY	24. Was disease or injury in eny way related to occupation of deceased? Pro- Il so, specify (Signed) H.S. Porterfield (Address) 136 W. Washington St	M. D.
INT I DE LOVING	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			23-42

MARGIN RESERVED FOR BINDING

STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH

816	1 "	4		*	
13	-	10	3)
		-		4	

-	County_	Washingto	n			no-B
	Village or (Near		ianspo		Registration Dist. No. 36
2	Length of res	idence in city or town v		occurred Luther	yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	(a) Resider	nce: No.	e	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
	PERSON	NAL AND STAT	ISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. S	sex	4. COLOR OR RACE			RIED, WIDOWED,	21. DATE OF DEATH Dec, 28, 1934 , 193 (Month) (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	wad, or divorced	W.B.			(Month) (Day) (Year) 22. I HEREBY CERTIFY: That I atlanded deceased from the control of the con
6. I	DATE OF BIRTH	(month, day, and year)	Nov.	29,19	34	I last saw h 122 alive on Dec 28/te , 19.3 4; death is sai
7. 4	AGE Yas			Days 29	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
OCCUPATION	kind of SAWYER	ossion, or particular work dona, as SPINNEI t, BODKKEEPER, etc business in which s done, as SILK MILL, LL, BANK, etc	₹,	XX	NONE	Became suddenly ill during the night
	10. Date deceas this occu year)	sed last worked et pation (month and	587 4 D	occu	tin this pation	Dihar Contributory Causes of Importance:
12.	(Stata or cou		I'l okoko	rrameh	ort Ma	
1ER	13. NAMEPa	ul Johnson	n			
FATHER	14. BIRTHPLACI (State of	E (city or town)	r Hu	yetts	Md	Name of operation
HER	15. MAIDEN NA	ME Marg	eret	Leath	erman	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	(State or			Hagers	town Md	Accident, suicida, or homicide? Date of Injury, 19 Where did injury occur?
17.	INFORMANT (Address)	Paul John illiamspo	son rt 1	id R.F	.D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	BURIAL, CREMAT	HON, OR REMOVAL		ata Dec.	3019.34	Manner of Injury
19.	Albert Leaf 19. UNDERTAKER Williamsport Md (Address)			rt M	d	24. Was disease or injury in any way related to occupation of decaasad?
20.	FILE DO 3	D, 1934 6	Ch	dien	Registrar.	(Signad) M. [(Address) M. [(Address) M. [

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Chronic interstitial nephritis	11 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- 1455 -	1 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

BINDING

RESERVED

MARGIN

Date of enset

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	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH	1278
1. PLACE OF DEATH	(59)	
County Dashinator	Parishedian Died No.	> 2
WITEIN GORPONATE LIMITO OF	Registration Dist, No.	,
Village or City Haperstown	No. 602 Was Utrold N. St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
	ds. How long in U.S. if of foreign birth?yrsmos.	mber)
2. FULL NAME Fidows May Ko	J	
(a) Residence: No. 60 2, 60 - Washing	St., / Ward.	
(Usual piece of abode)	If nonresident give city or town and S	late
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /2 /8	16
Terriale White Married	(Month) (Day)	(Yeer)
5e. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Harry Karry	22. I HEREBY CERTIFY, That I attended de	eceased from
6. DATE OF BIRTH (month, dey, end yeer)	last sew h 2 elive on 12/18 1934 ;	deeth is said
7. AGE Yeers Months Deys If LESS than	to heve occurred on the dete stated above, et & P. m	000111 13 3010
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
8. Trede, profession, or particular	were as follows:	Date of onset
A. Hedge, processing, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked et this consenting (month and this consenting month and this consenting month and this consenting month and this consenting month and the second last worked at this consenting month and the second last worked etc	Chromic rephont	
9. Industry or business in which work was done, es SILK MILL.	Digbates mellitus	•
work was done, es SILK MILL, SAW MILL, BANK, etc.		
10. Dete deceased last worked et this occupation (month and yeer) spant in this occupation.		
H- 1. sville	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		

14. BIRTHPLACE (city or town) Wedy SVIII &		
Z 14. BIRTHPLACE (city or town) Kedysville	Neme of operation Date of	
(Steto of country)	Whet test confirmed diagnosis? Wes there an eu'	opsy?
15. MAIDEN NAME OF THE BUTTES	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) Fxedevill	Accident, suicide, or homicide? Dete of Injury	10
E (Stete or country)	Where did injury occur?	, 13
U > > > 18 - > -	(Specify city or town, county and State)	
17. INFORMANT (Address) Bushington Address	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
19 BIIDIAI COEMATION OD DEMOVAL		
Place Church Go Cay, Date 14/21, 193/	Manner of injury	
	Nature of Injury	
19. UNDERTAKER V.T. 17. SIECH OF	24. Wes disease or injury in any wey related to occupation of deceesed?	
(Address) Miller out Md	If so, specify	
0. FILED / 2-19-19-34 Braffson en	(Signed)	M. D.

(Address) ...

Registrar.

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augrati V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEAT	mus to			(8) 307	
1	0		/	Registration Dist. No.	
Village or City	93/-0	ndsvil	CC.	NoSt.,Wall feath occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city	or town_where de	eath occurred 34		death occurred in a hoppital of institution, give its IVANVE instead of street and number)	
2. FULL NAME	26	. 1	10		
	y m	ay x	usin		
(a) Residence: No		(Usual place of	of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
. SEX 4. COLOR	OR RACE	5. SINGLE, MARK		21. DATE OF DEATH	
ale suite OR DIVORCED (0	Dec 11 1934		
I. If marriad, widowad, or givorcad				(Month) (Day) (Year)	
HUSBAND of Cor) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from	
				, 19, to, 19, to, 19	
. DATE OF BIRTH (month, day, and year)				I last saw h; daath is s	
AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at	
60	3	27.	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
Trada profession or particular				Tours dead at his Date of one	
SAWYER, BOOKKEEPER, etc				Anoms.	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was dona, as SILK MtLL, SAW MILL, BANK, etc 10. Data decasaed last worked at this occupation (month and				Trobably result of	
SAW MILL, BANK, etc			ne (veere)	Homath Front Ge	
this occupation (month and		11. Total tir	t in this	Organic Lifease of the stomach Curso	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N. a. 2	1 - 11	0-	Othar Contributory Causes of importance:	
2. BIRTHPLACE (city or town) (Stata or country) (Stata or country)				This man was found dead on the floors	
1	The Co	o I ma		no further informations	
13. NAME SEA	1 Cure	01 11	111		
13. NAME Ses. Culiu 14. BIRTHPLACE (city or town) Fran Doffwille.				Name of operation Date of	
(Stata or country)				What test confirmed diagnosis? Was thara an autopsy?	
15. MAIDEN NAME Sarah. Milliams 16. BIRTHPLACE (city or town) Jean Maffaville				23. If daath was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) to half sulle				Accidant, suicide, or homicide? Date of injury, 19	
(Stata or country) Fred (es) mid				Where did injury occur?	
17. INFORMANT Squiref . F. Rubin				(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Suur	Subring	RF	0 .		
8. BURIAL, CREMATION, OR REMOVAL				Manner of injury	
Co dace Course Charles Data Data 19.34				Natura of injury	
19. UNDERTAKER SEE - B. Howard				24. Was disaasa or injury in any way related to occupation of deceased?	
(Addrass) Suides Gray Mal				If so, spacify	
0. FILED / 2 -/ 2- 19	34/6	tosff	Zwers	(Signad) techapeted Sickney M.	
	0		Registrar,	(Address) Celino Grania	

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA-

STATE OF M	IARYLAND—CERTIFICATE	OF	DEATH
------------	----------------------	----	-------

1. PLACE OF DEATH	THE	(93-€)
County Washington		Registration Dist. No. 302
County Washington Village or City Williamsport	Md	No Castington to Hosfile & 3 Warr
Langth of rasidence in city or town where death occurred	O yrs	(If death occurred in a horpital of institution, give its NAME instead of street and number) mos. How long in U.S. If of foreign birth? yrs. mos. ds

2.	FULL	NAME G	eorge	Lak	e
			CT		. 9.

(Specify city or town, county and State)

	(a) Posido	ME George	Lake	hove	0. V			
	(a) Reside	nce: No. William	(Usual place	e of abode)	St., Ward.	If nonres	ident give city or town a	and State
		NAL AND STATISTI			MEDICAL C	ERTIFIC	ATE OF DEATH	
	sex male	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word) Wed	21. DATE OF DEATH	Dec.	16,1934	, 193(Yaar)
5a.	. If married, wido HUSBAND of (or) WIFE of	wed, or divorced Irene Tyl	er		22. I HEREBY	CERT	IFY, That I attand	ad deceased from
6.	DATE OF BIRTH	(month, day, end year)	Not Kno	oun	I last saw h Accon alive on	Die,	16 ,193	₩.; death is said
7	AGE A b	out65 Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:	d above, at	8 m.	
CUPATION	SAWYER SAWYER SAWYER Work wa	ession, or particular work done, as SPINNER, R, BOOKKEEPER, atc. business in which as done, as SILK MILL, LLL, BANK, etc.	Labore Gen . V		Myocaudit	is, C	huome	Date of onset
000	this occi	sed last worked at upation (month and	- SD	tima (years) ent in this cupetion				
12.	. BIRTHPLACE (c		nd		Dther Contributory Canses of Impo			
ATHER	13. NAME	John Parker			Found in hon	re, un	Mondous,	
FATE	14. BIRTHPLAC (Stata o	E (city or town) Not I	Known	*	Name of oparation Whet test confirmed diagnosis?		Date of	
ER	15. MAIDEN NA	AME Mary Mir	nor		23. If death was due to external cau		-	

MOTH 16. BIRTHPLACE (city or town) Near Charlestown (State or country)

Mary Minor Mrs 17. INFDRMANT lliamsport (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Addrass) Registrar. Manner of Injury

Accidant, suicide, or homicide? ___.

Where did injury occur?____

Natura of injury 24. Was disease or injury In any way ralated to occupation of decaased?

Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

8	Every item of infor- CIANS should state cement of OCCUPA.
BINDING	PERMANENT RECORD, EXACTLY. PHYSI classified. Exact state.
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARG	LAINLY, WITH UNFA uld be carefully supplied TOEATH in plain terms, ery important. See instr
V. S. No. 1	N. B.—WRITE F mation sho CAUSE OI TION is ve

STATE OF MIA	MILAND	CERTII ICATE O	DEATH	
1. PLACE OF DEATH		(82-0)		
County Washington		0.00	Registration Dist. No	302
Village or City Rogerston	-14	No. 8 6 0 7 Aud	essel Thas	Wal
Length of residence in city or town where death occurre	7 2	ds. How long in U.S. if of for		
2. FULL NAME Dannel a	Linehan	gh.		
(a) Residence: No. 8 6 0 FALA (Usual	place of abode)	nad 3 Ward.	If nonresident give city or tov	wn and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CER	TIFICATE OF DEA	TH
	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH	Dec . 25 Month) (Day)	, 193 4/ (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence M.	Guchang		CERTIFY, That late	
6. DATE OF BIRTH (month, day, and year) and 3	-1862	last sew h alive on	,19	9; deeth is sa
7. AGE Years Months Day	s If LESS than	to have occurred on the date stated at	pove, at Lam.	
72 4 2	O l day,hrs.	The PRINCIPAL CAUSE OF DEATH a were as follows:	nd related causes of importance	Cate of one
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	money	Molune Ca	us.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	In Model. Total time (years) spent in this occupation 36	Had been paralyzed on stroke a whole asle	And another	pasalytic.
12. BIRTHPLACE (city or town) - Hagual (State or country) ma	from	Other Contributory Causes of Importat		ml.
13. NAME Samuel	nehangh			
14. BIRTHPLACE (city or town) Nagyas (State or country)	form	Name of operation What test confirmed diagnosis?		
	ennes -	23. If death wes due to external causes		
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	atynn	Accident, suicide, or homicide? Where did Injury occur?	(Specify city or town, county	and State)
17. INFORMANT M. Koth & La (Address) Haguston	in mangh	Specify whether injury occurred in IN	IDUSTRY, In HOME, or In PUB	LIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Plece Vaguation Ind. Oate &	nc 27 1934	Manner of injury		
19. UNOERTAKER Sept 7 Mins (Address) Trager Steven	neh Ison	24. Was disease or injury in any way	related to occupation of deceas	sed?
20 EUEO /2-26-134-6 Kar	A Bower	(Signed) Take	Deply as	les Cours

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.—WRFFE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING

V. S. No. 1

	CERTIFICATE OF DEATH	9742
1. PLACE OF DEATH	93.0	77-
County Washington	Registration Dist. No.	
Village or City Junkslown, Md	No. St., death occurred in a hospital or institution, give its NAME instead of street and	War
Length of residence in city or town where death occurredyrs		
2. FULL NAME MC ALISTER anna		
had to the soul	St. Ward.	
(a) Residence: No. Nashmurala (Usualplace of abode)	If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Temple Married	21. DATE OF DEATH 2/ (Month) (Day)	, 193 4 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rus Mc allister	1 HEREBY CERTIFY, That I ettended Nov. 2/ 1934, to NRC Z/	deceased fro
6. DATE OF BIRTH (month, day, and year) Nov. 1, 1863	1 last saw h 2 alive on Dec. 21, 1934	: death is sai
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, et 8:25 Pm.	,
71 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows:	,
9 Trade preferring as postiguita-	were estations.	Data of ones
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Leeper	Chronic My reachelia	340
		bego
		/
year) occupetion _ O - The	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		
13. NAME Geo. W. Harbaugh 14. BIRTHPLACE (city or town) Univertices , md.		
(State or country)	Name of operation Date of	to
	What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Susan gove Harlough 16. BIRTHPLACE (city or town) Wonestway, MA	23. If death was due to external ceuses (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury	, 19
7. 01 01	Where did injury occur? (Specify city or town, county and Sta	ite)
17. INFORMANT Mrs Neuben Clereager	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ACE.
(Address) Juniastown, Md 18. BURIAL, CREMATION, OR REMOVAL	***************************************	
Place Uncontown had Date Date 2 at 1934	Manner of injury	
04:0	Neture of injury	6
19. UNDERTAKER L. Transcio Telse	24. Was disease or injury In any way related to occupation of deceased?	
(Address) Westminester had	If so, specify	
20. FILEO 2 1 1 1294 Mas 1 2000	(Address) 149 6 washing to 51, 110	M.
Registrar.	2411 N. Charles Street. Baltimore. Requesting T. S. No. 1	72200

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of emilepsu 1 week ago 1915 Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIO	NAL SPACE FOR FURTH	ER STATEMENTS BY	PHYSICIAN
n J	estron of melon	7	red
are letter	O. filed months	JA. H. Australia	une 2/11/35

STATE OF	MARYL	AND-	CERTIFIC	CATE	OF	DEATH
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4 1	5 4	A	18	1 1
	3	1	U.	-{
E.	4	9	0)

	County Washing Village or City Moorsvi				No	(189)	Registration	St	263 t., Warn
2	Length of residence in city or town v			yrsmos	death occurred in a hor				
	(a) Residence: No. Moor	svill	, Md. (Usual place	of abode)	St.,W	ard.	If nonresiden	t give city or tow	n and State
	PERSONAL AND STAT	ISTICA	L PARTI	CULARS	ME	DICAL CE	RTIFICATI	E OF DEAT	гн
3. S	Male 4. COLOR OR RACE		INGLE, MAR R DIVORCEI Single	RIED, WfDOWED, D (write tha word)	21. DATE OF	De	C (Month)	l (Day)	, 193 ⁴ (Yaar)
5a.	If marriad, widowed, or divorced HUSBAND of (or) WIFE of					EREBY	CERTIF	Y, That I atta	anded deceased fro
6. I	DATE OF BIRTH (month, day, and year)	June	9, 1	918.	I last saw h		Foun		, 19
7. A	AGE Years Mont		Days 21	If LESS than 1 day,hrs. ormin.	to have occurred on The PRINCIPAL CA' were as follows:		bova, atI	O.Am. De	c 2/34
ATION	Trada, profession, or particular kind of work dona, as SPINNEI SAWYER, BOOKKEEPER, etc Industry or business in which	s. S	tudent			how sus	rund,		
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date daceased last worked at this occupation (month and		11. Total ti	ma (yaars) ht in this	acidente	Stal	مرزه ناما	· Culto	
12.	BIRTHPLACE (city or town) (Stata or country)	Akro	on.	pation	Other Centributory	-			
HER	13. NAME James H	udsor	1.						
FATH	14. BIRTHPLACE (city or town). S	ylvai	1.		Name of operation What tast confirmed			Date	
ER	15. MAIDEN NAME	annal	Smit	:h.	23. If death was dua t				
MOTHER	16. BIRTHPLACE (city or town)	inía			Accidant, suicide, or Where did injury occ	homicide?			
17.	INFORMANT James Hud (Addrass) Big Pool,		#1		Spacify whether inju	ry occurred in I	NDUSTRY, in H	ome, or in PUBL	od State) JC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place Shanktown, M	d D	Dec	4 ,134	Mannar of injury	lookarsa	4.	aps	
19.	UNDERTAKER ATTACK	A.	To	wand	24. Was disaase or in	jury in any way	related to occup	pation of dacaase	d?
20.	FILED DEC 4 1934	1 (4)	me	ne ay	(Signed) - L. (Address	hand &	I fe	3, Oction	Count

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
STORALL V. S					
Other contributory causes of importance:		Other contributory causes of importance:	PROTE		
Gallstones	May 1,1923	Gastroenteritis	1 year		

RESERVED

V. S. No. 1.

PLACE OF DEATH County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Hagerstown (Ne Washing	Registration Diet. No. 30 [If death secured to a hospital or institution, give its NAME increase of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single Married, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH 10 DATE OF DEATH 2
7 AGE Month 1934 (Year) 7 AGE 1 Cay 1 Cay	that I last saw h = 13 alive on DSC 1 1934, and that death occurred on the date stated above, at 5 20 m. The CAUSE OF DEATH * was as follows:
e occupation (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Waynesbory Penna	Acute-lassifical Transficacy (Buration) Transficacy (Contributory Pre autority - 17 Alartich.
10 NAME OF CAMOS Iniller 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF TATHER OF TATHER (State or country) 12 MAIDEN NAME OF TATHER OF TAT	(Signed) (State the Displass Causing Drath, or, in deaths from Violent Causins, state (1) Mrans of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Sarah Teisenger 13 BIRTHPLACE OF MOTHER (State or country) Penna 14 THE ABOVE IS FRUE TO THE BEST OF MY KNOWLEDGE (Informant) MILLER (Informant)	10 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yea. Man. de, Stole, yea. More de, Where was disease contracted, it not at place of death?
(Address) Wayneston Penna 15 Filed 2-1- 197 4 Koeff Boxes of REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Naynesboro Fa 20 UNDERTAKER ADDRESS WALLESS WALLESS ADDRESS WALLESS ADDRESS
If more blanks are needed, address State Registrar.	18 W Garaton St. Police Parastine V C No. 1

[Appreved by U. S. Census and American Public Health

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mill; (a) Salesman, (b) Grocery; (a) Poreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, very important, so that the relative healthful-If the occupation has been changed Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Beath—Name, first, the DISEASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fover (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhioid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably SUICINAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths bith or miscarriage as "Puerperal septichaemia," "Puerperal perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Meastes (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercurchopneumonia (secondary), 10 ds. rent) affection need not be stated unless important cough; Chronic valvulur heart disease; Chronic interstition 90s, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Tumor" for malignant neoplasms); Measles; Wheeping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound The nature of the injury, as fracture of skull, "Dropsy," Never "Exhaustion, report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210:m)
county Vasninaton.	Registration Dist. No. 302
Village or City Hage YSTOWn.	No. Vlash Co Hospitalsi, 3 Ward
Length of residence In city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME John Kohert M	longer
(a) Residence: No. 10 H Man Que	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If marriad, widowed, or divorced	21. DATE OF DEATH Dec 2 \ (Month) (Oay) (Year)
HUSBAND of OCY IS -	22. I HEREBY CERTIFY, That I attended daceasad from
DATE OF BIRTH (month, day, and year)	
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11 30 m.
3 2 4 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Frade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	A STATE OF THE K
9. tndustry or business in which	automobile recident . Decom or 21 st
SAW MILL, BANK, etc. 10. Date dacasad last worked at this occupation (month and	1934 at Cearland Washington Gounty.
this occupation (month and year) occupation 2 dos.	marsland an Aggerstown to Waynesborn
12. BIRTHPLACE (city or town) Elk to x	Other Contributory Causes of Importance: Highways Custo
(State or country) 13. NAME Research Monager	
(Stata or country)	Name of operation Date of
15. MAIDEN NAME CRANCIS Hom Plums	What test confirmed diagnosis? Was there an autopsy? 23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Seurgie Ham Plume 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Decident - Oate of Injury 124, 1934.
(State or country)	Whare did Injury occur? Prospass, Thashington County, Whate
7. INFORMANT MYS Benjett Grimm.	Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	/Mannar of injury Quitomobile accident
Place Suman, Md Date 23,193	Nature of injury Fractured skull
19. UNDERTAKER 1 1 1 Confidence (Address)	24. Was disaase or injury in any way related to occupation of daceasad?
17-95-20 (Kynill 3-12)	(Signed) (Si
20. FILEO/ 27, 1997, All Mary Registrar.	(Address) Celling Constitution
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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i	Example II		
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1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
BURGAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	<u> </u>
County Washington	Registration Dist. No. 30 9
Village or City Hagistown	No. 249 & Lacrah St. 3 Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residenca in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Child of Jacob R.	nave.
(a) Residence: No. 249 A. Lacus (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	
Male OF DIVORCED (porite the word)	193
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attanded deceased from
	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) Dec 27-1934	I last saw h; death is sald
7. AGE Years Months Oays If LESS that	
Still Barn or min.	THE FAINCIPAL CAUSE OF DEATH and landed causes of importance
2 Trade profession or particular	Data of one at
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Oheo
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
- apont in this	
year) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) / agustown (Stata or country)	
13. NAME Jacot 12. Name 14. BIRTHPLACE (city or town) Williamsful	
14. BIRTHPLACE (city or town) William afact	Name of operation Oata of
(State of Country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Arma Whitfack 16. BIRTHPLACE (city or town) Naurisonkry (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Naurisonhing	Accident, sulcide, or homicide? Oate of injury 19
(State or country)	Whera did injury occur?
17, INFORMANT M. Jayh. R. Mane (Address) Hages Arms MA	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	None of later.
	Manner of injury
1 44 4 hr 010	7 - Nature of injury
19. UNDERTAKER SCOTT & Musinch all	24. Was disease or injury in any way related to occupation of decaased?
(Address) Naguranny	If so, specify
20. FILED 4-28- 1934 MAYTHOOLEN	(Signed) M. D.
Registrar	
If more blanks are needed, address State Regist	rar, Juzz N. Gharles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S. H					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
N. C.					

ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDIN

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Addrass)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Brosse					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nfor- state JPA-	FIATE OF MARYLAND	CERTIFICATE OF DEATH 12800
infor- state UPA.	1. PLACE OF DEATH	50 3-1
2 \	County Washington	Registration Dist. No.
Ho C	Village or City Hautoclo //	No. St Ward
·	(II	death occurred in a hospital or institution, give its NAME instead of street and number)
NS ont	Length of residence in pity of town where death occurredyrs,my	ds. How ong in U.S. if of foreign birth? yrs mos ds
RD. Every YSICIANS statement	2. FULL NAME Service Sale	2. Jankin Ollside
. = +	(a) Residence: No Puma ave	St., Ward. (City Limits)
	(Usual place of abode)	If nonresident give city or town and State
RECC PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A X X	4. COLOR OR RICE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the world)	21. DATE OF DEATH /2/ 24 34
O NIT &	The surge.	(Nonth) (Day) (Year)
IDING A C T I assifted.	5e. If married, widowed, of divorced HUSBANO of (or) WIFE of	22. MIHEREBY CERTIFY That I attended deceased from
MA A ass	(or) wire or	Nov 9 1934 to See 29 1934
BIN EX EX y cl	6. DATE OF BIRTH (month, day, and year)	last sew her alive on lee 20 0, 1934; death is said
d d	7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, a 10 45 m
FOR B. IS A PE stated E properly certificate	0 2 10 15° 1 dey, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
7.60	18 Trade profession or perticular	Date of onset
HIS Pe pe pe pe of of	kind of work done, es SPINNTA Juces foctor	4 Caremones Inght
RESERVE G INK—TH GE should h that it may h ms on back o	9 Industry or business in which	brank with matastes
ER K- hou	work was done, as SILK MILL, Office of the state of the s	in lungs,
E SH it it it	10. Date decessed hat worked et this occipation (month end 34 spent in this year)	A
RES I AGE that ons	/ VIM - ce Q GAL	Other Contributory Causes of importance:
F-4 1 _ 1000	12. BIRTHPLACE (city or Sale Co // Va	
ARGIN RI UNFADING pplied. AGI terms, so tha instructions	(State or country)	
	H 13. NAME Charles It flautce	
o	14. BIRTHPLACE (city or own town	Neme of operation
Pla Pla	(State Washington)	What test confirmed diagnosis? Wes there an autopsy?
INLY, WITI be carefully EATH in pla	15. MAIDEN MAIDEN LINE RUMBING RUMBING CO. 15. BIRTHPLAGE (city or town)	deeth was due to externel ceuses (VIOLENCE) fill in also the following:
Y, car TH	0 16. BIRTAPLAGE (city or town)	Accident, suicide, or homicide? Date of injury, 19
M N N N N N N N N N N N N N N N N N N N	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT Jas Cha Caultus	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Should OF D	(Address) Auceock Med	
E. E.	18 URIAL TREMATION, ON REMOVAL	Manner of Injury
WRIT mation AUS	Olover of a defending	Nature of injury
-WRITE	19. UNDERTAKER I euters	24. Was disease or injury in any way related to occupation of deceased?
Z Z	(Address) Accepted May	If so, specify
vi .	20, FILE 1 24 134 4 B Journey	(Signed) (Signed) M. I
× z (T)	Registrar.	(Address) Talleller Md.
	If mort blank are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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NO SEATE V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			
	1		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1 8 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(21)
	County Washington	Registration Dist. No. 332
item of should of OCC	Village Dr City Aggelstown	No. Washington Quenty, Hospitali, 3 Ward
* (100)		death occurred in a horpital of institution, give its NAME instal of street and number) ds. How long in U.S. If of foreign birth?
Every CIANS tement	0001	The state of the s
SD. Every YSICIANS statement	2. FULL NAME War & Whodes	St. 3 Ward.
	(a) Residence: No. 35 (Usual place of abode)	If nonresident give city or town and State
E-3 60	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (agrice the word)	21. DATE OF DEATH
T I.	temale While midowed	(Month) (Day) (Yaar)
NDING RMANEN X A C T I classified.	5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of A	22. I HEREBY CERTIFY, That I attended deceased from
ND NMA X A class	John T. Thodes	how 27, 1934, to Deac & , 1934
	6. DATE OF BIRTH (month, day, and year) Oct 24, 1870	I last saw h 2 ative on 2 7, 193 4; death is said
R A P ed ed	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the data stated above, at
FOR BI IS A PE stated E properly certificate	64 / / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 00 -	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc.	Rustaned aggerdy
	9. Industry or business In which	I series and percentage
VK—T Should it may n back	work wes dona, as SILK MILL, SAW MILL, BANK, etc	
INI INI E sh it it	11. Total time (years) this occupation (month end year)	
ARGIN RES NFADING I. oplied. AGE erms, so that instructions o	n. B. l. 11	Other Contributory Causes of Importance:
So Local	(State or country)	Doyvely
MARGIN UNFADI supplied. n terms, so ee instruct	13. NAME Martin A. Miller	
A 10 mm 70	13. NAME Martin A. Miller 14. BIRTHPLACE (city or town). Near Gooneslow	Name of operation a p sende form, Date of con 27/
	(State of country)	What test confirmed diagnosis? Was there an autopsy
X, WITJ	15. MAIDEN NAME Alcinda Eaple 16. BIRTHPLACE (city or town). Mar Bakeville (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, WI be careful EATH in primportant.	5 16. BIRTHPLACE (city or town) Man Bakerulle	Accident, suicide, or homicide? Date of injury, 19
PLAINLY, hould be car OF DEATH very import	(State or country)	Where did injury occur? (Specify city or town, county and State)
Id ld DE	17. INFORMANT M. Webster W Miller	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Should OF DIS	(Address) ta glistown My 18. BURIAL, CREMATION, DR MEMOVAL	Manner of injury
# EL . III * PRO!	Place Bakersulle MyDate Dec 10, 1934	Nature of injury
WRITE mation s CAUSE TION is	10 HADEDTAKED Soft 7. Minnight Son	24. Was disease or Injury In any way related to occupation of docaasad? 100
FOH	19. UNDERTAKER LIGHT COMMENT SON	If se, specify
a. A	20. FILED / 21-10-1934 Collos Homes	(Signed) Dame at all all all and M. D
5 2	Registrar.	(Address) / tagen town hid
	If more blanks are needed, address State Registrar	HOOLS In Charles Street, Baltimore, Requesting U. S. No. 1.

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11 JAN 2 12 2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(159)
County Mashing bon -	Registration Dist. No. 304
5/1	No. Dutoutel St. Ward
March City	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?
2. FULL NAME STODEST TUSSELL Y	Porns
(a) Residence: No Blue Will added	ward.
	If nonresident give city or lown and State MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
Male It was OR DIVORCED (The the word)	(Month) (Dsy) , 193 4 (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY That I ettended deceased from
(or) WIFE of	Dec st ,1934, to Dec. 8 ,1934
6. DATE OF BIRTH (month, day, and yeer)	I lest sew harmalive on 12-8, 1934; death is said
7. AGE Yeers Months Deys If LESS than	to have occurred on the date steted above, at . 9m.
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Z 8. Trade, profession, or perticuler	Vumature hith 12.1-3
SAWYER, BOOKKEEPER, etc.	(Carel unknown)
9. Industry or business in which work was done, as SILK MILL,	
10. Dete decessed lest worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	
12 BIRTHPLACE CON OF LOWER HOUSE OCI CO Suco	Other Contributory Couses of Importance:
(State or country) (Quelquele)	
13. NAMEL FORTH A COPERS	
14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Margary 6 Hess	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, sulcide, or homicide?, 19, 19,
(Stete or country) () () ()	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LOTENT A COTTO	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Game Will lala a.	Menner of injury
995	Neture of injury.
19. UNDERTAKER (Address)	24. Wes disease or injury in any wey related to occupation of deceased?
15/6 W. 1 Pleuten	(Signed) Herbert A. Tophas, M. D.
20. FILED 1/1 7 , 10 3t Registrar.	(Address) Hancock Ind.
The state of the s	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	1. PLACE OF DEATH County Village or City Length of residences in city of took where death occurred (a) Residence: No Sluce, County place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR BACE 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of (

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
300000 V V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

)	ry item of infor-	NS should state	nt of OCCUPA-	1
	NT RECORD. Evel	LY. PHYSICIAL	d. Exact statemer	
FOR BINDING	IS A PERMANE	stated EXACT	properly classifie	certificate.
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY,	mation should be cal	CAUSE OF DEATH	TION is very import

County Village or	Washington City Hagers	7.6		Registration Dist. No. 322 Elizabeth st St., We death occurred in a horpital or institution, give its NAME instead of street and number) ds. How tong in U.S. if of foreign birth? yrs. mos.
2. FULL N	Vernon	Luther	Schildne	cht
		as above	f abode)	St., 2 Ward. If nonresident give city or town and State
PERSO	NAL AND STATIST	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
male	4. COLOR OR RACE White	S. SINGLE, MARR OR DIVORCED Ma.TI	(write tha word)	21. DATE OF DEATH Dec. 1, 1934 (Month) (Day) (Year
5a. If married, wide HUSBAND of (or) WIFE of		Gossard		22. 1 HEREBY CERTIFY, That I attanded deceased 22. 1934, to duc 193
6 DATE OF BIRTH	(month, day, and year)	May 28,1	877	I last saw h. 100 alive on Dan 2 9 ,1984; death is
	ears Months	Days 3	If LESS than 1 day,hrs, ormin.	to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH end related causas of importanca were as follows: Date oto:
9. thoustry or work w SAW M SAW M Data decear this occupan) _	as dona, as SILK MILK, MO ILL, BANK, etc. upation (month and 192)	nt. Ward 8 11. Total times spanned occupant	OTK last) ne (yaars 25 ye tin this 25 ye	Other Contributory Causes of Importance: Other Contributory Causes of Importance: Market Ma
7	vid Schildt		awn Md	
(Stata	CE (city or town)	MI COLE OC	JWII MICL	Neme of operation Date of
I	AME Cordelia	Smith Aversvill	e Md	23. If death was due to external causes (VIDLENCE) fill in also the following:
- (State)	c (city or town) or country) Ars Vernon			Accident, suicide, or homicide?
18. BURIAL, CREMA	llcem, Hag. 1	Id Date Dec.	3,1934	Mannar of injury
19. UNDERTAKER (Address)	Albert Lead Williamspo		Granes	24. Was disease or injury in any way related to occupation of deceased? 725

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I	1	Example II	
The principal cause of death and related cases of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	C921/	Run over by street ear	1 week ago
Cerebral hemorrhage	My 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
County Washington	Registration Dist. No. 3 0 2
Village or City 26 ag Entlower	No. 26 Broadway St. Ward
- (death occurred in a horpital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?
1. 1 7//	flater
2/12.00 1.100.1	St. 4 Ward.
(Usual place of abode)	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
Male White Wedown	21. DATE OF DEATH (Month) (Day) (Year)
53. If married, widowed, or divorced HUSBAND of (oc) WITE OF Elizabeth Fi Shaker	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF RIRTH (month, day, and year) 10-14-5-9.	I last saw h em slive on 13/2 4 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
/0 / Z / O ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
I Industry or business in which	Coronary occhusion
DIA CAM MITT DAMY OLD 'M OAT I AM THE	
V'h contract	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	arter delevoses
13. NAME Beriji Fr. Thater	Tare Layorale La
14. BIRTHPLACE (city or town) Wash C1	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Gues / M. Cauley	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Wash Co	Accident, sulcide, or homicide?
We did lot to	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)	Specify whether injury occurred in MOOSTRT, in NOME, of the FOREIG FLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of Injury
Place Hegritowic Date 14, 1934	Nature of Injury.
19. UNDERTAKER COULSetter, Tous	24. Was disease or injury In any way related to occupation of deceased?
(Address) August Thurry Luch	If so, specify A Tauther
20. FILED 4 7 , 19 4 WWW Resistrar.	(Signed) M. D. (Address) A G.
Control of the contro	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	1. PLACE OF DEATH County Village or City Village or City Length of residence in city or Igwn where death occurred (I) Length of residence: No. 2. FULL NAME (a) Residence: No. A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIYORCED/Corrier the word) Sa. If married, widowed, or divorced HUSBAND of (ac) B. Trade, profession, or particular Rind of work done, as SPINNER, Coloral Rind of work done, as SPINNER, Coloral SAWTHE, BODIKEEPER, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (year) 12. BIRTHPLACE (city or town) (Slate or country) 13. NAME 14. BIRTHPLACE (city or town) (Slate or country) 15. MAIDEN NAME (Address) 18. BURIAL, CREMATION, OR BEMOVAL Place. (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 7. FILED 7. PLACE 19. SPINNER SAWTHANAME (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 7. PLACE 19. SPINNER (Address) 20. FILED 7. PLACE 19. SPINNER SINGLE, MARRIED, WIDOWED, OR DIYORCED/Corrier the word) (Usual place of abode) (Usual pl

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
,			

1841

If LESS than

1 dayhrs

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

or____min.

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. 30.3 No. Clearspring R. F. D. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) 2 Qrs. ____ds. How long In U. S. if of foreign birth? ____yrs. ____mos. ____ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH December 10 (Dev) (Year) CERTIFY, That I attended deceesed from to have occurred on the date stated above, at. The PRINCIPAL CAUSE OF DEATH and related causes of importance Other Contributory Causes of importance Name of operation_ What test confirmed diagnosis? / Level Was there an autopsy? 23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury____ 24. Was disease or injury in any wey related to occupation of deceased? If so, specify

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If more Manks are needed, adares State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

MARGIN

(Yeer)

(Day)

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THE SUREAU Y.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		the second second with the second sec	

ADDITIONAL SPACE FOR FURT	IER STATEMENTS BY P	HYSICIAN
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S. No. 1

E

Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
RSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ied, widowed, or divorced AND of VIFE of		22. I HEREBY CERTIFY, That I ettended deceesed from 19
F BIRTH (month, day, end year)	2/22/34	I last saw h elive on, 19; death Is sa
Still Months	Deys If LESS than I dey,hrs. ormin.	to have occurred on the date stated above, atm. The RENCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
ade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc	None	World at if y mis.
dustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	tone	
ta deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	
PLACE (city or town)		Other Contributory Causes of importance:
ME Bruce &	hives	
RTHPLACE (city or town) (State or country)	1	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
AIDEN NAME due	Miller	23. If death was due to external causes (VIOLENCE) fill in also the following:
RTHPLACE (city or town)	Shinger	Accident, suicide, or homicide?
dress) CREMATION, ON REMOVAL CREMATION Dete 12/23 134	Manner of injury	
TAKER Dince	Shives)	24. Was disease or injury in any way related to occupation of deceased? \\ \(\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\

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SUREAU V. S.	1.		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL
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	STATE OF MARYLAND—C	CERTIFICATE OF DEATH
state UPA-	1. PLACE OF DEATH / .	102-X
	county / ashingson.	Registration Dist. No. 3/6
# 5	Village or City Maan Raudy or	LINE MOL St., War
	Length of residence in city or town where death occurred for mos	leath occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Every CIANS ement	Length of residence in city of town where acting occurred.	en Kan
	2. FULL NAME WAY COLUMN TO THE TOTAL OF THE PARTY OF THE	Outuble_
CORD. PHYSI et stal	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
RECORD PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E K	3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
ANE A C T ssified	5e. If married, wildowed, or divorced HUSBAND of Wisdow Martin Shormal	22. II/30/34 19 to II/30/34 19
	6. DATE OF BIRTH (month, day, and year) Oct 28# 857	I last saw h er alive of II/30/34 ,19 ; death is sa
A	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 2 3 cm.
IS A I stated properly ertifica	77 6 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be st be pr of cer	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Broncho-Pneumonia.
ould may back	9 Industry or business in which	
35 E	work was done, as SILK MILL, SAW MILL, BANK, etc	
H 10 0	this occupation (month and spant in this occupation	
NG I AGE that ions o	Bayalan Mid	Other Contributory Causes of importance:
NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) (State or foundly)	Semility. Arteriosclerosis.
UNFA upplied terms,	13. NAME Frank Hutrul	
	E 14. BIRTHPLACE (city or town) Booms word Mot	Name of operation Data of
ITTH IIII SU	(State or country)	What test confirmed diagnosis? Was there an au'opsy?
WITI efully in pla	15. MAIDEN NAME Mary Miles	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, WI be careful EATH in primportant.	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
Id be can DEATH y import	(State or couply)	Where did Injury occur? (Specify city or town, county and State)
	17. INFORMANT (Address)	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S PLA Should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury .
E E E	Place Books words Date 12-4, 1934	Nature of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER CL Suman 4 Co	24. Was disease or injury in any way related to occupation of deceesed?
LEOF	(Address) Kiroly Evelly mel	If so, specify
B	20 FILED Dec 4 1934 A Leeting	(Signad) M
z (T)	Registrar.	(Addressy / Caro / Security Ms
	If more blanks are needed, address Slate Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Drony vis			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	_1		

stated EXACTLY. PHYSICIANS should state of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement properly classified. certificate. AGE should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			<u> </u>
County Washington Village or City Hage	rstown		No. 42 Blooms Aye., St., Sward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town w	here death occurred	yrsmos	sds. How long In U.S. if of foraign birth?yrsmosds.
2. FULL NAME U	umas	med	Snively
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STAT	ISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Undetermined White		D (write the word)	21. DATE OF DEATH SC. 23 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of			22. I HEREBY CERTIFY, Thet I attended deceased from
			, 19, 19, 19
6. DATE OF BIRTH (month, day, and year)	December 2	23, 1934	l iest sew h; deeth is seid
7. AGE Years Month	s Deys	If LESS than 1 dey,hrs. ormin,	to heve occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc			Date of oncet
SAW MILL, BANK, etc	11. Totel t spe occi	ime (yeers) nt in this upetion	Other Coutributary Causes of Importance:
12. BIRTHPLACE (city or town)Hage (Steta or country)	erstown, Md.		
13. NAME (71.t	obtamable)		
14. BIRTHPLACE (city or town) (State or country)			Neme of oparetion Dete of Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Mary Ele	anor Snivel	v	23. if deeth was due to axtarnel causes (VIOLENCE) fill In elso the following;
16. BIRTHPLACE (city or town) Ber			Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Mrs. Jenn (Address) 42 Blooms			(Specify city or town, county and State) Specify whether injury occurred in industry, in Home, or in Public Place.
18. BURIAL, CREMATION, OR REMOVAL Place	Deta Dec	231934	Menner of Injury
19. UNDERTAKER 42 BLOOMS	Avg.	41	24. Was disease or injury in any wey related to occupation of deceesed?
20. FILED /1/26/ 134-	brast	Registra	(Signed) (486 work St. Hazen ten ly)

V. S. No

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

		STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH 12811
1	. PLACE OF				93-2
	County		Compa as		Registration Dist. No. 302
		ty Hagerst	own	(li	No. 917 Lanvale St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of rasid	denca in city or town where	daath occurrad	yrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2	. FULL NAM	ME Mable	M. Snyde	r	
	(a) Residence	ce: No. 917 I	anvale		St., Z Ward.
-			(Usual place		If nonresident give city or town and State
-	PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH
	Female	4. color or race White	5. SINGLE, MAR OR DIVORCE Marrie	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH Dec 15 4 (Month) (Day) (Yaar)
5a.	If married, widowe HUSBAND of (or) WIFE of		A. Snyde	r.	22. HEREBY CERTIFY That I attanded decaasad from
_		month, day, and yaar)	5-20	1-1882	1 last saw h 2 alive on Dec. 12 193 (death is said
7. /	AGE Year 52	s Months	Days 21	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at A _ m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
OCCUPATION	9. Industry or b work was SAW MILL 10. Date decease	ation (month and	11. Total ti		Chone my caratta
12.	BIRTHPLACE (city (State or count	OI (OMII)	ngton Co		Other Contributory Causes of importance:
ER	13. NAME	Willia	m Staubs		Armchiectaris
FATHER	14. BIRTHPLACE (State or c	(city or town) country) Pennsy	lvania.		Name of operation Data of What tast confirmed diagnosis?
ER	15. MAIDEN NAM	E Charlot	t Moats.	a real in	What tast confirmed diagnosis?
MOTHER	16. BIRTHPLACE (Stata or	(city or town)—Mary	land,		Accidant, suicide, or homicida? Date of injury, 19
17.	INFORMANT (Address)	Samuel A. Hagerstow			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATI	on, or REMOVAL or Cemeter	y Data Dec	18 ,19 34	Manner of injury
19.	UNDERTAKER(Addrass)		Kraiss.		24. Was disease or injury in any way related to occupation of deceased? If so, specify
20.	FILED /2-/	18-19346	Kasff	Registrar.	(Signed) M. D. (Address) HRQ111 ON
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. v.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 7 3605	3.5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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JAN 7 189			
Other contributory causes of importance:	enterferententententententententententententente	Other contributory causes of importance:	
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1,

BINDING

FOR

RESERVED

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vi

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	7-12-1	July 5,1927	Peritonitis	3 days ago
BURB	tti V. s.			
Other contributory causes of impo	rtance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

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FOR

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V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
#AN 7 1555			
Other contributory causes of importance?	÷ .	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Washington Village or City Near Will:	lamsport Md	Registration Dist. No. 3//.	Wan
Length of residence in city or town where de	ath occurred 25 yrsmo	f death occurred in a hospital or institution, give its NAME instead of street and numds. How long in U.S. if of foreign blrth?yrsmos	ber)
	lashington Swope (Usualplace of abode)	St., Ward. If nonresident give city or town and Sta	ite
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wait the word)	21. DATE OF DEATH Dec 26, 1934 (Month) (Day)	93 (Year)
5a. If married, widowed, or divorced HUSBAND of Fannie Day (or) WIFE of Fannie Day	7	1 HEREBY CERTIEY, That I attended dec	eased from
6. DATE OF BIRTH (month, day, and year) Fet 7. AGE Years Months 62 10	Days If LESS than f day,hrs. ormin.	to have occurred on the date stated above, at 8 15 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
To be desired in the contract to making a	occupation	Quaray Colusion.	2/26
(State or country)	200 0 4 E	Unhusien.	
13. NAME Simon Swope 14. BIRTHPLACE (city or town). Chews (State or country)	ville Md	Name of operation Date of What test confirmed diegnosis? Was there en euro	
15. MAIDEN NAME Sarah Co	oss Sville Md	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?	
17. INFORMANT Mrs G. W. S (Address) Williamsport	Wope Md R.F.D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMAJION, OR REMOVAL PlaGreen Lawn - Cemete	-Pate Dec 29 19 71	Manner of injury	
19. UNDERTAKER Albert Leaf (Address) Williams;		24. Was disaase or injury In eny way related to occupation of deceased?	

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LIBN 4		BI 1155	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	m of infor	hould state	OCCUPA	1		1
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA		_	2.
DING	MANENT R	ACTLY.	assified. Ex		3. 5a	S
FOR BIN	IS A PER	stated EX	properly cl	certificate.	-	DA
MARGIN RESERVED FOR BINDING	INK-THIS	E should be	at it may be	TION is very important. See instructions on back of certificate.	OCCUPATION	
GIN R	FADING	lied. AG	ms, so tha	structions	12	Ī
MAI	VITH UN	fully supp	n plain ter	nt. See in	ER FATHE	
•	AINLY, 1	ld be care	DEATH in	y importar	MOTHER FATHER	. 1
1	WRITE PI	ation shou	AUSE OF	ION is ver	18	
V. S. No. 1	N. B.—	H (OT	T T	20	_

		hington			Registration Dist. No. 303	3
Village or	CityN&	ational.	lighway n	ear Millet	death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
Langth of ra	asidenca In cit	ty or town where	deeth occurred	Oyrs15_mos	How long in U.S. if of foreign birth?yrsmos	er) ds
2. FULL N	AME	Harold N	Zernon Tr	umpower		
					If nonresident give city or town and State	
			ICAL PART		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX Male		R OR RACE		RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH December 16. (Day) 193	4
5a. If married, wid HUSBAND of	owed, or divo	rced	· prugie			(Yaar)
(or) WIFE of			Common Co		22. I HEREBY CERTIFY, That I attended daced	19 3 K
6. DATE OF BIRTI	(month, day	, end year) S	September	10, 1933	Hast saw h titu alive on DCC /5 , 105 %; dec	ath is sale
7. AGE Y	Years Months Days If LESS than 1 day,hrs				to have occurred on the date stated above, at 12:22P_m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	te of onset
8. Trede, pro kind of SAWYE 9. Industry or work w SAW M 10. Date decer	work done, or R, BOOKKEE	es SPINNER, PER, atc	Infant C	hild	aouto Musos Coletez 21	uke
- 11113 00		kad at	spe	time (yeers) ent In this upation		
12. BIRTHPLACE ((Steta or co	city or town).	Near M	illstone	,-Md	Other Cautribatary Causes of Importance:	Assi
13. NAME A	lonzo	Trumpowe	r		Juliange 17	170
(Stete	CE (city or to or country)	wn) Park Md	Head		Nama of operation Data of Data of What tast confirmed diagnosis? Cleured Was there an autops	w2 20
15. MAIDEN N	AME F	annie S.	Hull		23. If daath was due to external causes (VIOLENCE) fill In also the following:	74
16. BIRTHPLACE (city or town) Park Head (State or country) Md. 17. INFORMANT Alonzo Trumpower (Address) Ne r Millstone, Md. 18. BURIAL, CREMATION, OR REMOVAL PIECE Park Head Md. Date Dec. 18, 19 34					Accidant, suicide, or homicide? Dete of Injury Where did Injury occur?	19
					(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
					Manner of Injury	
19. UNDERTAKER Adrian H. Rowland (Addrass) Hagerstown, Md.					24. Was disaesa or injury In any way related to occupation of deceased?	
20. FILED 1.3/	7.1	3476	feur	Registrar.	(Signad) House (Address) House with Will	M. C

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEA	STATE C)F MAR	YLAND-	CERTIFICATE OF DEATH	12817
County	Washin			Registration Dist. No.	202
Village of eny				No. f death occurred in a horpital or institution, give its NAME instead o ds. How long In U.S. if of foreign birth?yrs.	
2. FULL NAME	Cora W				
(a) Residence: No.			Md. (Me	ennspite Wame') If nonresident give city o	r town and State
PERSONAL A	ND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF D	EATH
	OR OR RACE White		RIED, WIDOWED, (D (write the word)	21. DATE OF DEATH December 30 (Month) (Day	, 193 4) (Year)
5a. If married, widowed, or div HUSBAND of	vorcad			22. HEREBY CERTIFY That	
(or) WIFE of	Hugh Wag	et.		Mori- 1874 to Dec	
6. DATE OF BIRTH (month, d	lay, and yeer) Ma.	rch 30,	1866	I last saw bus alive on Dec 29	ر deeth is sald
7. AGE Years 68	Months 9	Days O	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, et Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance as follows:	
8. Trada, profession, or kind of work done SAWYER, BOOKKE	particular a, as SPINNER,	Home Wo	rk	- W	Date cloneet
9. Industry or business	in which			Cha Mystorgue	/920
work was dona, as SAW MILL, BANK		11 Total	: (was-)		
this occupation (m		spa occ	ime (yaars) nt in this upation		
12. BIRTHPLACE (city or town (State or country)	Hagers Md	town, Mo		Other Contributory Causes of Importance:	
13. NAME Cha	arles C.	Clapp			
13. NAME Che 14. BIRTHPLACE (city or (Stata or country)	(OWII)	nown rginia		Name of operation	
15. MAIDEN NAME	Anna Kea			23. If death was due to externel ceuses (VIOLENCE) fill in also the	
15. MAIDEN NAME				Accidant, suicide, or homicide? Data of inju	
(State of Country)		ginia		Where did Injury occur?	10
(Address) Balt		er, Md.	•	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Placa Hagerstown, Md Data Dec. 31, 19 34				Manner of injury	
	red W. K		1-72	24. Was disease or injury as any way refeed to occurate hold de	ceasad
20. FILED / 4/ 2//	,1924	noiff	Registrar.	(Signed) (Address)	м. р
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.	

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BINDING

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ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
	THE PARTY NAMED IN THE PROPERTY

	r e r	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12810
	infor- state UPA-	1. PLACE OF DEATH	24
1	should of OCC	County of assistant logic -	Registration Dist. No. 302
M	sho of C	Village or City fages Slowy	death occurred in a hospital or institution, give its NAME instead of street and number)
	200 4	Length of residence in city or total where death occurredyrs	
	Every CIANS ement	2. FULL NAME Stine A rene of	eller.
		(a) Residence: No. Meso Melles lone	Ward. If nonresident give city or town and State
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	RECO PH Exact	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (agric the world)	21. DATE OF DEATH /2 - 2
	TLY TLY ed.	Ilmale / hule a malo	(Month) (Day) (Year)
Z	MANEN ACTI assified.	5a. II married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I atlended deceased from
BIND	X A X A class	(or) WIFE of	Dec 2. ,1934, to Dec 7 ,1934.
BI	point a li	6. DATE OF BIRTH (month, day, end year) wee 9 10 193	I last saw h; death is said
)R	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance
F	IS star pro	- 8. Trade, profession, or particular	were as follows:
ED	HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Tuberevlava.
RESERVED	K-T hould may back	kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	17ening, 11d.
SE	Sh it in	10. Date deceased last worked at this occupation (month and spent in this	
RE	(T)	year) occupation	Othar Contributory Causes of importance:
	DIA So so icti	12. BIRTHPLACE (city or town) land of the	
MARGIN	UNFA upplied terms, e instru	x 12 1/2000	
[A]	5 5 6	14. BIRTHPLACE (city or town)	Name af operation Date of
A	E E S	(otate of obrings)	What tast confirmed diagnosis? Pure Pare Tres Was there an aulopsy? No.
0	WIT refully in pla tant.	15. MAIDEN NAMELYANCES, L. FOL	23. If death was due to external causes (VIOLENCE) fill in also the following:
	INLY, Wbe carefu EATH in important	16. BIRTHPLACE (city or town) or game of The	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
	be be im	17. INFORMAN annel & Weller.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	S PLA Should OF D	(Address) Me Olotore 2	
(E	18. BURIAL CREMATION, OR TEMOVALES 2017/9/1036	Manner of injury
U	-WRITE mation s CAUSE TION is	Washing The wall of the	Nature of injury
0.1	ma CA TI(19, UNDERTAKER ACCEPTAGE (Address)	24. Was disease or injury in any way(related to occupation) of deceased?
Zi Zi	E C	20. FILED 12-1-19346 May 180000	(Signed) VI Column Jema M.D.
>	Z	Registrar.	(Address) 10.9 W. Wan. 3
		If more blanks are needed address State Desistant	A. A. China Canada D. Linnan D. D. C. M. C. M.

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MUREAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstanes	May 1,1923	Gastraenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH pluods Registration Dist. No. item acrs tol Village or City 17 (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence la city or town where death occurred How long in U.S. If of foreign birth? statement PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If merried, widowed, or divorced HUSBAND of 22. 1 HEREBY CERTIFY. That I attended deceased from (or) WIFE of N 08 72 0 19..... to..... 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years Months Dats If LESS than to have occurred on the date stated above 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or _____min. were as follows Date of onest 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... be OCCUPATI may back 9. Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at 11. Total time (years) this occupation (month and that spent in this occupation Q instructions Other Contributory Canses of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town). Name of operation__ plain (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER 15. MAIDEN NAME important H 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH Accident, suicide, or homicide?______ Date of injury_______19__ 16, BIRTHPLACE (city or town) (State or country) Where did Injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE plnods OF (Address) 18. BURIAL Manner of injury CAUSE mation LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER = If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting N. S. No. 1.

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BUJEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	-	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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